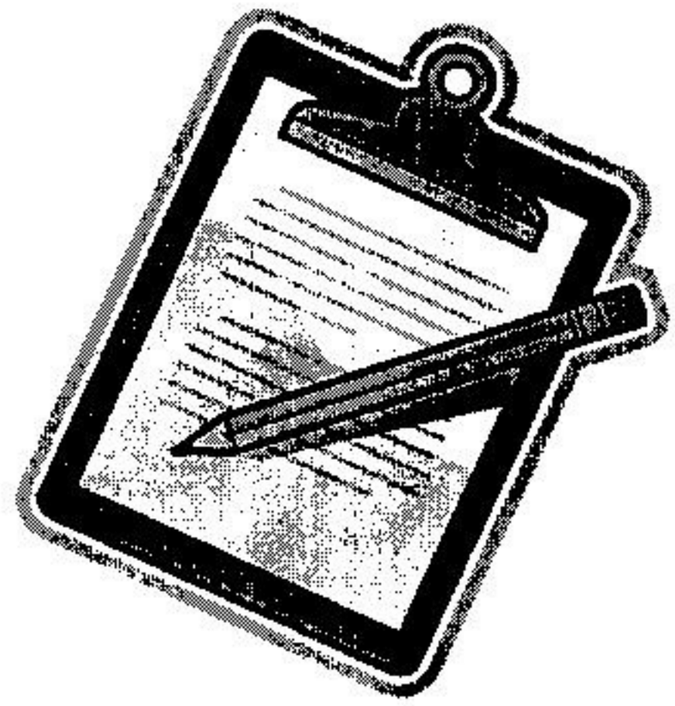
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| • *Surgery collections* | *64* |
| • *Surgery full Exams* | *76* |


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# Obstetric

## Normal Pregnancy

1. Write short notes on the subjective symptoms of early pregnancy (Sep. 83)
2. Discuss the routine investigation for Primigravida at her 1st antenatal visit in early pregnancy (Sep.83, March 86)
3. Discuss functions of placenta. (Nov 78)
4. Give short notes on retained placenta. (Sep. 81)
5. Mention very briefly the possible sources of amniotic fluid. (Mar.83, 86)
6. Mention 4 essential indications for amniocentesis especially your reason for doing such process (Sep.84)
7. Discuss value of amniocentesis. (98)
8. Write short notes on the structures of the mature vilus of the placenta (Mar86)
9. Write short assay on morphology of the placenta at term. (90 )
10. Give short account on retained separated placenta. (93)
11. Give short account on vasa previa. (Mar 92)

## Normal and abnormal labor

1. Write short notes on anatomy and diameters of the female pelvic inlet (Sep.86)
2. Write short notes on contracted outlet (March 87)
3. Give short account on pelvic outlet (Sep.91)
4. Give short account on the diameters of the inlet in normal gynaecoid pelvis (97)
5. Compare & contrast the four main female pelvic types configuration. Table is recommended (97)
6. Classify cephalopelvic disproportion& name the mode of delivery in each degree. (97)
7. Discuss diagnosis & treatment of cephalopelvic disproportion. (98)
8. Discuss the etiology, diagnosis and management of Occipto-Posterior Position of the baby (75.81, 82)
9. How you would investigate no engagement of fetal head of primigravida at term (75)

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10. Write short notes on delivery of coming head in breech presentation (March 76)
11. Discuss the diagnosis and management of breech presentation of the fetus during pregnancy and labour (76)
12. Give short notes on aetiology, clinical picture and treatment of shoulder presentation (79)
13. Give short account on mechanism of labour in Occipto-Posterior Position. (80)
14. Discuss the causes, diagnosis and management of oblique lie. (Sep.80)
15. Write short notes on causes of breech presentation. (82)
16. What are the factors that hinder forward rotation of the head in Occipto-posterior position (Sep.83)
17. What procedure you follow to deliver a Primigravida with deep transverse arrest of the head into the pelvis with fully dilated cervix? Mention 4 procedures (Sep.85, 92)
18. What are causes prolonging The Second Stage of labour in Vertex Presentation? Mention briefly the management towards the mother and the fetus (86)
19. Mention 4 important diameters in the female pelvis connected with the mechanism of labour (March 76)
20. Discuss management of retained 2nd twin (March 87)
21. What are the causes of arrest of the head into the pelvis during labour? (88)
22. Write short notes on induction of labour (Oct.88)
23. Give short account on uses of ecbolics in 3rd stage of labour (Sep.91)
24. Discuss causes of prematurity. (Sep.82)
25. Give short account on cervical rigidity (Sep.91)
26. Write short notes on fetal morbidity & mortality in breech delivery (94)
27. Write short notes on management of cervical dystocia. (95)
28. Name 2 methods for delivery of each of the following parts of breech:
    - A- Extended legs.
    - B- Extended arms.
    - C- After coming head.
29. Write short notes on aetiology & complication of multifoetal pregnancy.

## Normal and abnormal Puerperium

1- How would you investigate pyrexia after labour (Oct.75)
2- Write short notes on causes of rupture uterus (Sep.81)
3- Give short notes on causes of perineal tear during labour (Mar75, Sep 85)
4- Write short notes on puerperal pyrexia. (Mar 82, 86)
5- Mention four predisposing factors for puerperal infection. (83)

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6- When does the internal os close after? & when does the uterus become a pelvic organ after normal labour (86)
7- Write short notes on diagnosis & management of complete perineal tear immediately after labour.

## Abnormal pregnancy

1- Give short notes on the fate of tubal ectopic pregnancy. (Oct. 76)
2- Write short notes on signs & symptoms of ectopic pregnancy (Mar. 81)
3- How do you manage a patient pregnant 34 weeks complaining of Bleeding from Genital Tract (76)
4- What are the causes of antepartum hemorrhage? Discuss management of placenta praevia (77)
5- Discuss treatment of antepartum haemorrhage (March 83)
6- Discuss the causes, management of postpartum haemorrhage. Outline your treatment (77, 78, 80, 82)
7- Discuss the etiological factors and treatment of primary postpartum haemorrhage. (85, July 86, Sep.86)
8- Give short account on causes of habitual abortion. (95)
9- Describe briefly how you would investigate habitual abortion in the second trimester of pregnancy. (75)
10- Give short account on missed abortion. (79, 90)
11- Write short notes on the types and management of uterine abortion (March 83)
12- Mention very briefly, when do you consider a case has a threatened abortion? (78, 82, March 83)
13- Give short account on septic abortion. (Sep.91)
14- Classify placenta previa. (97)
15- Write short notes on signs of placental separation. (Sep.83)
16- Write short notes on diagnosis of IUFD. (Sep.82)
17- Write short notes on radiological finding of IUFD (83)
18- Mention 4 serological tests carried for a case of repeated IUFD in late pregnancy (84)
19- What are the ecbolic drugs used to induce abortion to stimulate uterine action during labour and to avoid atonic postpartum hemorrhage after labor? Mention dosage (86)
20- Give short account on criteria of intrapartum fetal distress.
21- Write short notes on Immunological Factors in infertility, abortion & contraception?

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# Medical disorders with pregnancy

1- Give short account on signs & symptoms of pr-eclampsia (76.71)
2- Give short account on stages of Eclamptic-fits (Sep 79)
3- Write short notes on complication of pr-eclampsia (80)
4- Write short notes on treatment of eclampsia (March 80)
5- Discuss domestically (at home) management of a case of eclampsia. (March 83)
6- Give short account on treatment of hyperemesis gravidarum (80, 82)
7- Write short notes on the features of a new born of a diabetic mother (March 83)
8- Discuss indications to induce Labour Prematurely in a Case of Pre-Eclamptic Toxemia (March 83)
9- What are the effects of oligohydramnios on fetus (97)
10- Write short notes on polyhydramnios (97)
11- Write short notes on treatment of iron deficiency anemia during pregnancy.
12- How to avoid immunization of Rh negative Primigravida Mother with Negative antibody titre (March 83)
13- What are the possible malformations inflicted to the fetus of a mother who contacted German measles during the 1st trimester of pregnancy (March 83)
14- Describe the Gross Appearance of Placenta of immunized mother against Rh antigen (Sep.83)
15- Is Wassermann reaction a reliable test for the diagnosis of syphilitic affection during pregnancy? Why (Sep.83)
16- Write short notes on indication & methods of pregnancy termination in pregnancy induced hypertension (96)
17- Comment on the statement" PREGNANCY IS DIABETOGENIC" Mention 4 reasons (Sep.85)
18- Mention 4 causes for puerperal pyrexia related to the process of delivery. (Sep.85)
19- Mention 4 important causes for proteinuria during pregnancy (March 86, Sep.86, March 92)
20- How can you manage an ovarian cyst detected at 8 weeks, at 24 wks & 34 weeks of pregnancy and if detected immediately after delivery (March 86)
21- Write short notes on control of eclamptic seizures (Oct.90)

22- Discuss causes of acute abdominal pain during third trimester of pregnancy. (Oct.90, March 91)
23- Mention 4 stigmata for potential D.M. (Sep.88)
24- Enumerate the cardiac diseases which contraindicate pregnancy & necessitate termination (97)

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## The Newborn

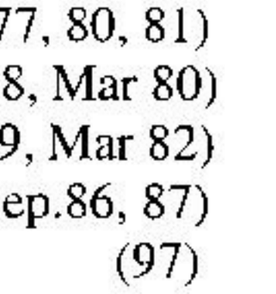
1- Write notes on:
   A- Intrauterine growth retardation.
   B- Apgar score.
2- Give short account on neonatal asphyxia. (76, 77, 80, 81)
3- Give short account on treatment of asphyxia livida. (79)
4- Mention in order of frequency-four congenital fetal malformations (Sep.84)
5- Mention 2 possibilities to a newborn that developed convulsions shortly after delivery (March 86)
6- Write short assay on the management of a newborn with one minute Apgar score (Sep.87)
7- Discuss the causes of jaundice in the newborn within the 1st week of delivery (March 88)
8- Write short notes on cephalohaematoma (Oct.90)
9- Give short notes on causes of macrosomia (March 91)
10- Give short notes on hydrops fetalis (March 91)
11- Give short notes on caput succedaneum (March 77)
12- Give short notes on post maturity (Nov 77)

## Operative Obstetrics

1- Give short notes on indication for forceps delivery. (77, 80, 81)
2- Discuss complication of forceps delivery. (78, Mar 80)
3- Give short notes on episiotomy. (Sep.79, Mar 82)
4- Give short notes on failed forceps. (Sep.86, 87)
5- Give notes on complication of the operation of D&C. (97)
6- Write notes on management of uterine perforation during D&C operation. (95)
7- Enumerate the postoperative and the long-term complication of C.S (97)
8- Write notes on caesarean hysterectomy (99)
diagnosis?
C-How can you manage this case?



تأمل الكون حولك . . . . .فهذا حقه عليك



Good Luck



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# Gynecology

## ANATOMY & EMBRYOLOGY

1- Give short notes on anatomy of levator ani muscle. (March 91)
2- Give short notes on development of ovary. (Sep. 85, 89, 91)
3- Give short notes on anatomy of Bartholin gland (Oct.90)
4- Give short notes on septate uterus (93)
5- Write short notes on anatomy & development of female external genitalia. (94)
6- What is Douglas pouch; enumerate the masses felt at this site. (95)
7- Give short notes on:
   A- Development of secondary sexual characters at puberty.
   B- Lymphatic drainage of the uvula. (96)
8- Enumerate the anatomical structures between the 2 layers of the broad ligament. (97)
9- Write short notes on anatomy & function of pelvic floor muscle.(99)

## REPRODUCTIVE ENDOCRINOLOGY AND MENSTRUAL DISORDERS

1- Give short notes on postmenopausal bleeding. (76, 80, and 81)
2- Discuss causes and management of Amenorrhea. (77)
3- Discuss dysmenorrheal. (82)
4- Give an account on causes of perimenopausal bleeding. (Sep. 82, Sep. 85, March 87)
5- Give short notes on Cryptomenorrhea. (87)
6- Give short notes on management of hyperprolactinaemia. (Sep. 82, March 83)
7- Give short notes on Prolactin. (Sep. 83)
8- Give short notes on hirsutism. (Sep. 84)
9- Classify functional Hypothalamic Amenorrhea. (97)
10- Name 5 methods of pain control in 1ry (spasmodic) dysmenorrhea. (97)
11- Give an account on clinical presentation of imperforate hymen. (Sep. 82, Sep. 84, march 92)

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12- Give short notes on diagnosis of Turner's syndrome. (March 83)
13- Give short notes on Laparoscopy. (Sep.83, 85, March 86)
14- Give short notes on treatment of METROPATHIA HEAMORRHAGICA. (Sep.84)
15- Give short notes on side effects of contraceptive pills. (83)

16- Give short notes on complication of contraceptive pills. (Nov.77, Sep. 79, 80, March 83, Sep 83)
17- Give an account on methods of contraception in female. (March 80)
18- Give short notes on: injectable contraceptive. (Sep 83, 89)
19- Give short notes on contraindication of hormone contraceptives. (March 87)
20- Give short notes on bioactive I.U.D. (Sep .89, Oct.90)
21- Give short notes on post coital contraception. (Sep .91)
22- Evaluate the common methods of contraception. Which can be used for multipara 35 years old, who delivered 5 living children? She is clinically healthy.
23- Write short notes on estrogen uses in gynecology. (94)
24- Write short notes on Long Acting Hormonal Contraception. (97)

## GENITAL DISPLACEMENT

1- Give short notes on types of genital Prolapse.
2- Give short notes on Supports of the Uterus. (Nov. 77)
3- Give short notes on lines of treatment of Genital Prolapse.
4- Give short account on uterine Prolapse. (89)
5- Give short notes on treatment of 2nd degree uterine Prolapse.
6- Name the operations to be used in the following types of Prolapse:
   A- Rectocele.
   B- Cystorectoceic.
   C- 1st degree Uterine Prolapse.
   D- 2nd degree Uterine Prolapse.
   E- Postmenopausal Procedentia. (97)

## INFERTILITY

1- Give an account on uterotubal insufflations for infertility. (Oct. 75)
2- Give an account on treatment of bilateral tubal block. (Sep.86, 87)
3- Give short account on Anovulation. (March 86)
4- Give short account on detection of Ovulation. (Sep.86)
5- Give short account on induction of Ovulation. (Sep. 89, Oct 90)
6- Give short account on polycystic ovarian syndrome. (Sep. 83. 84)
7- Enumerate the causes of cervical factor infertility. (97)

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8- Discuss investigation & treatment of case of sterility. (76, 81)
9- Discuss female causes of sterility and treatment. (79)
10- Discuss tubal factor in sterility. (March 82)
11- How can you investigate and treat a case of sterility in a patient 30 years old who delivered once since 5 years.

## Genital tract Infections

1- Discuss richomonas Vaginitis. (Nov. 78, Sep.85)
2- Give short notes on vaginal smear. (Sep. 86)
3- Give short notes on Pruritis vulva. (March 82, Sep.91)
4- Discuss pathological types of chronic salpingitis. (Oct. 90)
5- Give short account on causes of excessive vaginal discharge (March 91)
6- Give an account on Chlamydial infection. (March 92)
7- Give short account on Bartholinitis. (93)
8- Write short notes on diagnosis feature of female genital tuberculosis.
9- Write short notes on diagnosis & ttt of gonoccocal infection of primary sites.
10- Give short account on monelial vulvovaginitis. (97)
11- Enumerate causative organisms of the acute pelvic inflammatory (PID) and mention one effective antibiotic combination for treatment.(97)
12- Give short notes on pathology of Vulvar Ulcers.

## Trauma to the female genital tract

1- Give an account on etiology, diagnosis and treatment of vesico-vaginal fistula.
2- Discuss causes of urinary fistula in women.
(March 76, Oct 76, Nov. 78, March 80, Sept .91)

## Benign gynecological diseases

1- Give short account on cervical erosions. (83)
2- Give short account on types of cervical erosions. (81)
3- Give short notes on cervical incompetence. (86)
4- Evaluate cervical incompetence as a cause of habitual abortion.(88)

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# Gynecological Oncology

1- Give an account on clinical characters of ovarian malignant tumors. (Oct 75)
2- Discuss clinical picture, diagnosis and management of ovarian carcinoma. (Oct. 76, Nov. 78)
3- Give an account on complication of ovarian cyst and treatment (March 77, Nov. 77, Sep. 80, March 82, March 87)
4- Give short notes on treatment of chorio-carcinoma. (Sep.79, 81)
5- Discuss clinical picture & management of cancer cervix. (85)
6- Discuss diagnosis & management of carcinoma of the body of the uterus. (80)
7- Discuss complication and treatment of ovarian tumors. (March 83)
8- Give short notes on causes, diagnosis and treatment of carcinoma of the endometrium. (March 86, Sep.83)
9- Discuss the diagnosis, complication and management of uterine leomyoma. (Sept. 84)
10- Discuss diagnosis of vesicular mole. (March 91)
11- Give short account on non surgical treatment of endometriosis (Sep. 85, 88)
12- Give an account on dermoid cysts of ovary. (92)
13- Give short account on parasitic fibroid. (92)
14- Give short account on endometrial hyperplasia. (92)
15- Give short account on management of carcinoma in situ of cervix. (93)
16- Give short account on chocolate cyst of the ovary. (93)
17- Classify ovarian germ cell tumours. (97)
18- Define stage 1 cancer cervix. (97)
19- Write short notes on screening methods for carcinoma of the cervix. (96)

Study Circle

☺ سنعود بعد قليل

**عن التواضع قالوا.....**

- قال بكر بن عبد الله عندما سئل عن التواضع:

" اذا رايت من هو اكبر منك سنا فقل : سبقنى الى الاسلام و العمل الصالح ، و اذا رايت من هو اصغر منك سنا فقل سبقته الى الذنوب فهو خير منى "

- قال ابى الدرداء ( رضى الله عنه):

" الا انبئكم بعلامه العاقل !! يتواضع لمن فوقه ، ولا يزدرى من دونه، يمسك الفضل من منطقه ، ويخالق الناس باخلاقهم ، و يحتجز الايمان فيما بينه و بين ربه – عز وجل- فهو يمشى فى الدنيا بالتقيه والكتمان"

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شكر خاص لـ

د/ محمد السكرى

لمشاركته فى اخراج هذا العمل بافضل صوره

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# New collection

## Gynecology

## ANATOMY & EMBRYOLOGY

**Ainshams:**

- Anatomy of the vagina (2002) **page 2 super summary**
- Give short notes on anatomy of levator ani muscle. (March 91) **page 4 supersummary**
- Give short notes on development of ovary. (Sep 85, 89, 91) **page 7 development & page 10 malformations**
- Give short notes on anatomy of Bartholin glands. (Oct 90) **page 1 anatomy & page 80 applied antomy = infections**
- Give short notes on septate uterus. (93) **page 10**
- Write short notes on anatomy & development of female external genitalia. (94) **page 1 anatomy, page 7 development, page 8 sexual differentiation, page 9 malformations + imperforate hymen**
- What is Douglas pouch; enumerate the masses felt at this site. (95)
  - **Bottom of the peritoneal cavity between the rectum & vagina & the 2 uterosacral on both sides.**
  - **In masses of DP, PR is done to detect relation of the mass to the rectum**
    - **Uterine:** Retroverted uterus is the commonest mass & Posterior wall fibroid.
    - **Tubal:** Hydrosalpinx or pyosalpinx, Tubal pregnancy
    - **Ovarian masses.**
    - **Mass in peritoneum of Douglas pouch:** Pelvic hematocele or abscess. Or Endometriotic nodules, TB, ectopic kidney
    - **Mass in the rectum:** Cancer or fecal mass (could be indented by the fingers). g. Retroperitoneal tumor.

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- Give short notes on lymphatic drainage of vulva. (96) **page 6**
- Enumerate the anatomical structures between the 2 layers of the broad ligament. (97) **page 3 (contents)**
- Write short notes on anatomy & function of pelvic floor muscle. (99) **page 4**
- Discuss lymphatic drainage of the cervix (2001) **page 6**
- Discuss the embryology of the ovary (2001). معاد

# *Endocrinology*

## Ainshams

### Physiology

- Give an account on GnRH (2004) **page 11**
- Discuss dysmenorrhea. (82) **page 24**
- Name 5 methods of pain control in 1ry spasmodic dysmenorrhea. (97) **(anti-PG, OCPS, D&C, Presacral neurectomy & LUNA)**

### Puberty

- Types and treatment of precocious puberty (2003) **page 18**
- Give short notes on development of 2ry sexual characters at puberty. (96) **page 17 (normal events at puberty)**

### Menopause

- Management of normal menopause (2006) **page 19** كلها
- Give short account on osteoporosis **definition, diagnosis (DEXA) & treatment. Don't miss HRT, SERM, tibolone page 19**

### Bleeding

- Give an account on peri (pre) menopausal bleeding (82,85, 87)

  **Definition**: bleeding occurring around menopause (before menopause & after 1 year of it).

  **Etiology**: bleeding كل اسباب

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- Most common: DUB, fibroid
- Most dangerous is tumors

**History:**

- Marital status:
  - NP: Consider fibroid, tumor
  - MP: Consider complications of pregnancy, adenomyosis
- Present history:
  - Pain, bleeding adenomyosis
  - Mass protruding from the vulva prolapsed
  - Excess discharge infection
- Menstrual history: If irregular DUB
- Obstetric history:
  - If recent abortion 2ry hemorrhage
  - If recent VM choriocarcinoma
- Past history:HTN , endocrine disorder, hormonal replacement therapy

**Examination:**

- General: anemia, general diseases, metastases
- Abdomen: pelviabdominal mass (fibroid), pregnancy
- PV: for local causes, as cx mass (HPV warts) in CA CX

**Investigations**: blood tests, US, hysteroscopy, D& C

**Treatment:**

- Write the treatment of some causes
- Most important the details of DUB & fibroid

- Give short notes on postmenopausal bleeding. (76, 80, 81, 2002, 2004, 2006) **page 16**
- Give short notes on treatment of metropathia hemorrhagica. (Sep 84) **page 15** **TTT of DUB + PCO** اشرحها علي انها الوجه الاخر لل

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- Give an account on metrorrhagia
  - **Definition**: acyclic bleeding due to local cause
  - **Causes**:
    - Local
      - Infection: vulvovaginits, PID
      - Tumors: Benign as fibroid, malig. (ovary, endometrium, cx)
      - Contraception: irregular intake of pills
      - DUB: metropathia hemorrhagica, threshold bleeding
- **Diagnosis**: 1st exclude organic causes by
  - **History**:
    - Pain, bleeding adenomyosis
    - Fever, offensive vaginal discharge PID
    - Menstrual history (cyclic or acyclic)
    - Contraceptive history irregular COC intake
  - **Ex**: general,abdominal & vaginal of tumors & infections
- **Investigations**: of the cause اكتب كل سبب وفحوصاته
- **Treatment**: of the cause (especially ca endometrium, cx, ovary, metropathia hemorrhagica)
- Give an account on contact bleeding
  - It is bleeding occurring only after :
    - Sexual intercourse (post coital bleeding)
    - Vaginal examination
    - Vaginal douches
  - Causes: any case is considered CA CX till proved otherwise
    - Cervical, vaginal: tumors, inflammations
    - Uterine polypsbulging into the vagina
  - Diagnosis: history, EX, INV (as CA CX)
  - Treatment of the cause (tumors, inflammations, polyps)

**Polycystic ovarian syndrome page 21**

- Give short account on polycystic ovarian syndrome. (Sep 83,84)
- Give short account on anovulation. (March 86) **page 20**
- Diagnosis of anovulation (2002, 2004) **page 20**
- Diagnosis and treatment of polycystic ovarian disease (2003)
- Causes of anovulation (2004) **page 20**

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- Give short account on detection of ovulation. (Sep 86) **page 30**
- Give short account on ovulation induction (89, 90, 2003, 2005) **30**
- Give an account on luteal phase defect 2007 **page 22**

## Amenorrhea appendix with supersummary

- Give short notes on cryptomenorrhea. (87) **page 9**
  - **Congenital : imperforate hymen or vaginal septa**
  - **Acquired : cervical atresia, vaginal atresia**
- Discuss causes and management of amenorrhea. (77)
- 2ry amenorrhea (causes, investigations & treatment) 2007
- Classify functional hypothalamic amenorrhea. (97) إلماشي عليها
- Give an account on clinical presentation of imperforate hymen. (Sep 82, Sep 84, March 92) **page 9**
- Give short notes on diagnosis of Turner`s syndrome. (March 83) تاليف

## Hyperprolactinemia & hyperandrogenism

- Give an account on causes of hyperprolactinamia. **page 23**
- Give short notes on prolactin. (Sep 83) **الجدول كله برضه**
- Give short notes on management of hyperprolactinemia (82, 83) **23**
- Give short notes on hirsutism (Sep 84) **page 23**

## Infertility

- Give an account on uterotubal insuflation for infertility. (Oct 75) طنش
- Give an account on treatment of bilateral tubal block. (Sep 86, 87) **page31**
- Enumerate the causes of cervical factor infertility. (97) **page 32**
- Discuss investigation & treatment of case sterility. (76, 81) الموضوع كله
- Discuss female causes of sterility and treatment. (79)
- Discuss tubal factor in sterility. (March 82) **page 31**
- How can you investigate and treat a case of 2ry sterility in patient 30 years old who delivered once since 5 years.1996. **start by the male the tubal then ovarian then uterine the cervical factors then unexplained infertility**
- Investigations of tubal factor in case of infertility (96, 2002) **page 31**

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## *Azhar:*

### Bleeding

- D.D & management of menorrhagia. 2000
  - **Definition**: excessive menses either in amount or duration or both
  - **Causes**: general, local, dysfunctional اشرح كل سبب
- Management of metrorrhagia. 2005 فوق

### Polycystic ovarian syndrome معاد

- Symptoms, signs of ovulation. 2000
- Discuss diagnosis of anovulation. 90
- What are the causes of anovulation? 91

### Amenorrhea (look appendix of gyn supersummary)

- How to proceed with investigation of a case of 2ry amenorrhea.
- Etiology & investigations of 2ry amenorrhea. 93,99,2001,2002
- Etiology and management of 2ry amenorrhea. 93,94,2000,2004, 2006
- Management of 1ry amenorrhea. 2003

### Infertility معاده

- Investigations of a couple with 1ry & 2ry infertility 2009
- Discuss etiology, diagnosis and management of tubal infertility. 93
- Discuss the use of ultrasound imagining in the investigation of infertility.

| Diagnostic: | Uses of US IN INFERTILITY |
|---|---|
| • Cervix: fibroid, masses<br>• Uterus: Tumors, fibroid, adenomyosis, RVF, endometrial thickness<br>• Tubes: tubal mass & complexes.<br>• Ovary: folliculometry, ovarian cysts, tubo-ovarian masses.<br>• Peritoneum: masses | |
| Therapeutic | |
| • **Oocyte retrival** | |

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- **Aspiration of ovarian cysts.**

- Discuss role of laparoscopy in infertility. 95

| Therapeutic | Diagnostic | |
|---|---|---|
| • Salpingolysis<br>• Salpinostomy | • Tubal block (confirm HSG)<br>• Salpingoscopy | Tubes |
| • Ovarian drilling in PCO,<br>• ovarian cystectomy | • PCO<br>• Ovarian swelling | Ovary |
| • Cauterization of implants<br>• dissection of adhesion | • Diagnosis & classification of endometriosis | Endometriosis |
| • ovum pick up in IVF | • assessment of unexplained infertility | Others |

## *Incontinence & Fistula*

**Ain shams**

- Discuss causes of urinary fistula in women. (76, 76, 78,80,91) **page 44**
- Diagnosis and treatment of vesico-vaginal fistula (2002) **page 44**
- Types of urinary incontinence (2001) **page 41clinical picture**
- Investigations of true urinary incontinence (2002) = **fistula**
- Causes of urinary incontinence in women (2008) **page 44**

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## *Tumors*

**Ainshams**

- Methods of early diagnosis of genital malignancy (2008)

  **= prophylaxis for female genital tumors**

  **= preinvasive lesions of the female genital tract**

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- **Write the premalignant lesions (VIN, VaIN, CIN, endometrial hyperplasia, ovarian tumors)**
- **Risk factors, symptoms, signs, investigations & treatment of each.**

- Genital tumors with pregnancy

**Fibroid (P54), CA CX (page78), CA ovary with pregnancy (look text)**

## *CIN & cancer cervix*

- Diagnosis of CIN (2006) **page 56**
- CIN (risk factors, prophylaxis, C/P, diagnosis & treatment) 2007
- Discuss clinical picture and management of cancer cervix. (85) **page 84**
- Write short notes on screening methods for carcinoma of cervix. (96)
- Define stage 1 cancer cervix. (97) **page 86**
- Give an account on management of carcinoma in situ of cervix. (93)

## *Endometrial hyperplasia & cancer endometrium*

- Discuss diagnosis and management of carcinoma of the body of the uterus. (80) **page 48**
- Give short notes on causes, diagnosis and treatment of carcinoma of the endometruim. (March 86, Sep 83, 2003)
- Give an account on endometrial hyperplasia. (92) **page 54**

## *Ovarian tumors (benign P47 & malignant P84)*

- Give an account on clinical characters of ovarian malignant tumors. (Oct 75) **page 86**
- Discuss clinical picture, diagnosis and management of ovarian carcinoma. (76, 78, 2001)
- Give short account on complication of ovarian cyst and treatment. (March 77,Nov 77,Sep 80, 82, 87, 2003)
- Give short notes on treatment of choriocarcinoma. (Sep 79, 81)
- Discuss complication and treatment of ovarian tumors.(March 83)
- Give an account on dermoid cysts of ovary. (92, 2005)
- Give an account on chocolate cyst of the ovary. (93) = **endometriosis +**

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**any hemorrhage into a cyst**

- Classify ovarian germ cell tumors. (97) **look appendix**
- Benign cystic teratoma of the ovary (2002) = **dermoid cyst**

## *Fibroid page 50*

- Discuss the diagnosis, complication and management of uterine leiomyoma. (Sep 84, 2009)
- Complications & management of fibroid (2004)
- Give an account on parasitic fibroid. (92) **as any fibroid cause, CP, inv, treatment + (subserous fibroid with chronic torsion)**

**Azhar:** اسئله معاااااااااااااااااااااااااااااده

## *CIN & Cancer cervix*

- Discuss diagnosis of early cancer cervix. 99 (same CP & INV of CIN)
- Early detection & management preclinical cervical cancer 2001 زي اللي فوق
- What are the clinical presentations of cancer cervix? 90
- Discuss D.D of cervical carcinoma. 91
- Discuss pap smear 92, 95; 2005 **page 58**
- Discuss diagnosis of pre clinical carcinoma. 95,96
- Early diagnosis of cervical carcinoma. 99,2001,2002,2006
- Clinical picture of cervical cancer 2001
- D.D of post coital bleeding. 2001,2006
- D.D of suspicious cervical ulcer.

## Endometrial hyperplasia & Cancer endometrium

- Discuss diagnosis of cancer endometruim of the uterus. 90
- Discuss diagnosis and management of endometrial carcinoma.
- Discuss early diagnosis and management of endometrial carcinoma.
- D.D of uterine polyp. 2006
- How would you investigate a case of post menopausal bleeding2000,2005
- Discuss definition, etiology, pathology, investigation & management of abnormal post menopausal bleeding. 97, 2003, 2005

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## Ovarian tumors

- What are the signs and symptoms of twisted ovarian cyst? 90,97,2005
- Complications of ovarian cyst. 91
- Discuss clinical features of malignant changes in ovarian tumors.
- Diagnosis of ovarian tumors. 92
- What are the possible complications of medium sized cysts ovarian swelling? 92
- Discuss the clinical picture and complications of simple cysts ovarian tumors. 97
- C/P of ovarian tumors. 2002,2006

## Gestational trophoblastic diseases (look obstetrics)

- Discuss treatment of choriocarcinoma.

## Fibroid

- Clinical picture of uterine tumors 2005
- Discuss the clinical picture and complications of fibroid tumors. 2002
- Discuss symptoms of uterine fibroid tumors. 99
- Discuss degenerations of uterine fibroid tumors. 97
- Discuss the clinical picture, complications and management of fibroid tumors. 98

## DISPLACEMENT OF UTERUS page 36

**Ainshams**

- Give short notes on types & treatment of genital prolapsed (2005).
- Give short notes on supports of the uterus. (Nov 77) **page 3**
- Give short notes on lines of treatment of genital prolapse.
- Give short account on uterine prolapse. (89)
- Give short notes on treatment of 2nd degree uterine prolapse.
- Name the operation to be used in the following types 1997:
  - Rectocele **posterior colpoperineorrhaphy**
  - Cystorectocele **classical repair**

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- 1st degree uterine prolapse **shortening of mackenrodt & classical repair**
- 2nd degree uterine prolapse **abdominal cervicosacropexy**
- Postmenopausal procedentia **VH + pelvic floor repair**

**Azhar:**

- Discuss utero-vaginal prolapse. 90
- Discuss prevention of genital prolapse. 90,97,98,99,2000,2001
- Discuss causes and treatment of uterine prolapse. 92
- What are the degrees of genital prolapse? What is the etiology of this condition?92
- Discuss degrees and symptoms of uterine prolapse. 93
- Discuss C/P of female genital prolapse. 95, 2000
- Discuss the etiology & prevention of genital prolapse. 97,2004, 2006
- Types and complications of uterovaginal prolapsed.

## *INFECTION look A3 رائع*

**Ainshams**

- Diagnosis and treatment of genital Chlamydia trachomatis (2003)
- Vaginal candidiasis 2002
- Candidal vulvovaginitis (2004)
- Discuss trichomonas vaginalis. (Nov 78, Sep 85)
- Give short notes on vaginal smear(Sep 86)
- Give short notes on pruritis vulva. (March 82, Sep 91)
- Discuss pathological types of chronic salpingitis. (Oct 90)
- Give short account on causes of excessive vaginal discharge. (March 91)
- Give short account on bartholinitis. (93)
- Give an account on chlamydial infection. (March 92, 2002)
- Write short notes on diagnostic features of female genital tuberculosis.
- Write short notes on diagnosis & treatment of gonococcal infection of 1ry sites. (96)
- Diagnosis & treatment of monilial vulvovaginitis (2002)
- Give short account on monilial vulvovaginitis. (97)

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- Microbial vulvovaginitis in children (99)
- Enumerate causative organisms of the acute PID and mention one effective antibiotic combination for treatment. (97)
- Diagnosis and treatment of PID 2006
- Give short notes on pathology of vulval ulcers.
- Diagnosis and treatment of itchy vaginal discharge in women in childbearing period (2003)
- Enumerate causative organisms of acute pelvic inflammatory (97)

**Azhar:**

- Give D.D of vaginal discharge. 90
- Causes of vaginal discharge. 92
- Discuss etiology, DD, C/P & management of vaginal discharge. 94
- The causes of leucorrhea. 97,98, 2008
- Management of leucorrhea. 2001, 2008
- Etiology of leucorrhea. 97
- Causes & management of leucorrhea 2005
- Discuss monilial vulvo-vaginitis. 90
- Discuss treatment of moniliasis. 91
- Discuss etiology of acute salpingitis. 91
- Discuss diagnosis and management of vulvo-vaginitis99.2000,2003, 2004
- Discuss fungal vulvo-vaginitis. 94
- Give short account on cervical erosions. (83)
- Give short account on types of cervical erosions. (81)

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## *Operative*

**Ain shams**

- Give short notes on laparoscopy. (Sep 83, 85, March 86) **page 78 & complications as any operation & surgical emphysema**
- Give an account on hysterosalpingogram 2007 **page 31**

**Azhar**:

- Indications of dilatation & curettage. 96 **page 47**
- Causes of acute abdomen in gynecology. 2003 **(EP, salpingitis,**

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complicated CL cyst, complicated ovarian cyst or fibroid, pelvic peritonitis)

## *Contraception look A3* رائع

**Ain shams**

- Give short notes on side effects of contraceptive pills. (76, Sep 80)
- Contraception during lactation (2001) **all non hormonal + progestins only methods**
- Contraception for newly married woman (2008) **natural, barriers, hormonal (avoid sterilization & IUCD)**
- Give short notes on methods of contraception in female. (March 80)
- Give short notes on injectable contraceptives. (Sep 88, 89)
- Give short notes on contraindications of hormone contraceptives. (87, 2001, 2005)
- Give short notes on bioactive IUD. (Sep 89, Oct 90) = **intrauterine system**
- Side effects of IUCD (2003)
- Indications, contraindications & complications of IUD (98)
- Advantages & disadvantages of subdermal implants (2007)
- Give short notes on postcoital contraception. (Sep 91)
- Give short notes on estrogen uses in gynecology. (94)
- Give short notes on long acting hormonal contraception.

  **(injectables, subdermal implants, intrauterine systems, GnRH, vaginal rings)**

- Evaluate the common methods of contraception, which can be used for multipara 35 years old, who delivered 5 living children. She is clinically healthy. **كله يمشي (COC بشروط)**
- Mention the available methods for emergency contraception. (97)

**Azhar**

- Types & complications of hormonal contraception 2008
- Discuss missed IUCD. 89,91

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- What are the complications of IUCD?
- Discuss the contraindications of oral contraceptive pills. 91, 2005
- What are the types & complications of oral contraceptive pills? 91,2000
- Discuss management of IUCD. 91
- Post-partum contraception. 91
- What is IUCD? What are the complications of this method? 92
- Types and complications of IUCD. 99,2002,2005,2006
- Management of missed IUCD

## Obstetric

### Fertilization

***Ain shams:***

### The Placenta

- Discuss functions of placenta. (Nov 78) **(P2 super summary)**
- Write short notes on morphology of the placenta at term. (90) **(P2 super summary)**
- Write short notes on structure of the mature villous of the placenta 1980 **(P1 super summary). Here we mean the tertiary villous**

### The amniotic fluid

- Write short notes on liquor. (Sep 81)
- **Page 4**
- **Hints on PHA, OHA, ROM (P 47)**
- Mention very briefly the possible sources of amniotic fluid. ( 83, 86)
- **It is divided according to the trimesters P 4**

### Diagnosis of pregnancy

- Mention 5 uterine signs of pregnancy in the first trimester 97
  - **Corpus: Hegar, Palmer, enlarged, soft, uterine souffle**
  - **Cervix: Goodell, ↑ vascularity, ectopy**
  - **Page 8**
- Write short notes on the subjective symptoms of early pregnancy. (Sep83) **page 8**

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## Antenatal care

- Name routine laboratory tests to be done at the first antenatal visit. **Page 10**
- Discuss the routine investigations for primigravida. At her 1st antenatal visit in early pregnancy. (Sep 83, March 86) **page 10 (routine + high risk groups)**

***Azhar:***

## The Placenta

- Functions of placenta. 3/2006 **page 2**

## The umbilical cord

- Write short note on the umbilical cord? **page 4**

## Diagnosis of pregnancy

- Diagnosis of 8 weeks pregnancy. 89 **P 8 (1st trimester)**
- Sure signs of pregnancy. 91 **fetal signs P 9** (اشوف احس اسمع)
- Discuss diagnosis of pregnancy. 97 **P 8** (الموضوع كاملا)
- Discuss pregnancy test. 98, 2001 **P 8 + false +ve & -ve**

## Maternal adaptation

- Cardiac-vascular adaptation during pregnancy. 91, 2003, 2006 **P 6**

## Antenatal care

- Discuss antenatal care. 2001 **P 9**

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# Bleeding in early pregnancy

***Ain shams:***

## *Abortion*

- Describe briefly how you would investigate habitual abortion in the 2nd trimester of pregnancy. (75)
  - **Write the causes & the investigation of each**
  - **Page: 25**

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- Discuss threatened abortion. (78, 82,2005) **P 24 (write abortion definition, causes then the specific type)**
- Give short account on missed abortion. (79, 90, 2002) **P 25 , hint on DIC & Septic abortion**
- Write short note on the types & management of uterine abortion. (March 83) **P 24**
- Mention briefly when you consider a case has a threatened abortion. (March 83) **(= clinical picture, investigations)**
- Write short account on septic abortion. (Sep 91) **P 25**
- Write short account on causes of habitual abortion. (95) **P25**
- Write short notes on immunological factors in infertility, abortion & contraception?
  - **INFERTILITY: cervical hostility (antibodies) & autoantibodies**
  - **ABORTION: SLE, APL, RH, HLA- sharing**
  - **CONTRACEPTION: اسالني فيها**
- What are the ecbolic drugs used to induce abortion, stimulate uterine action during labor and to avoid atonic PPH after labor (mention dosage) 86 **Page 22**
- Causes of repeated abortion 2001 (معاد)
- Give short notes on cervical incompetence. (86)
- Evaluate cervical incompetence as a cause of habitual abortion. (88)
- Describe the clinical types of spontaneous abortion & the treatment of each? 2004 (**threatened, inevitable, incomplete, complete, septic, missed, cervical, habitual types**) **اكتب تفاصيل كل نوع p 24**

**Complications of spontaneous abortion:** Anesthetic complications – injuries – infections – hemorrhage – complications of surgical interference as D&C, Asherman & psychological due to fetal loss

## *Ectopic pregnancy*

- Write short notes on the fate of tubal ectopic pregnancy. (Oct 76)

**= pathology (early, later tubal mole, abortion, rupture, chronic pelvic hematocele, advanced abdominal pregnancy) اكتبهم بالتفصيل P 27**

- Write short notes on signs and symptoms of ectopic pregnancy. 81 **Page 27**
- Diagnosis & management of acutely disturbed tubal pregnancy 2002, 2003
  - **Definition**: it is acute hemodynamic instability due to erosion or rupture the fallopian tube rarely due to ovum death or tubal

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abortion

- **Incidence:** 1-3% increased nowadays due to -----
- **Etiology** as ectopic
- **Pathology**: tubal rupture, mole or abortion التفاصيل اكتب
- **Diagnosis**: page 27
- **Investigations**: usually not needed
  - Laparotomy
  - Preoperative investigations
- **Treatment**
  - Resuscitation
  - Laparotomy Salpingectomy
  - Peritoneal toilet
  - Anti D
  - D& C
  - No medical treatment

- Diagnosis & management of disturbed ectopic pregnancy
  - **Includes** (subacute & acute)
    - **Subacute**:
      - **Symptoms & signs** page 27
      - **Investigations**
        - US, HCG
        - Laparoscopy
        - Laparotomy
        - Others as preoperative, HB
      - **Treatment**:
        - Resuscitation
        - Surgical:
          - Laparotomy or laparoscopy,
          - Salpingectomy or salpingostomy
        - anti D
        - Other ectopic sites
- Diagnosis & management of undisturbed ectopic pregnancy

**Definition**: implantation of the gestational outside its normal site (usually the fallopian tube). The condition is still early with no erosion of the site with sill the ovum is living

**Incidence of EP:** 1-3% & it is increased now 4 times due to .....

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**Etiology:** العادي

**Pathology:**

- The uterus: enlarged, Arias stella, no villi
- The tube: enlarged, more vascular
- The ovary: contains the CL

**Clinical picture:** العادي

**Inv**: HCG + US (discrimination zone), laparoscopy, progesterone

**Ttt**:

- Prophylaxis
- medical (MTX),
- surgical (laparotomy or laparoscopy ☺ , salpingectomy or salpingostomy ☺ )
- AntiD
- Ectopic in other sites

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## Gestational trophoblastic tumors

- Vaginal bleeding in early pregnancy. 2001, 2004 = **DD of threatened abortion**
  - **Causes:** abortion, EP, VM, others (local causes, Hartman sign, decidual hemorrhage)
  - **C/P:** triad of amenorrhea + bleeding + pain (write the C/P of each وبانواعهم)
  - **Inv:** HCG + US + laparoscopy (write the inv of each cause)
  - **Complications:**
    - Morbidity (anesthetic, injuries, infections, hemorrhage, recurrence)
    - Mortality (shock, infection, DIC, choriocarcinoma)
  - **Treatment :** resuscitation +
  - Treatment of specific cause, complications (DIC, organ failure, perforation), Anti D
- How to differentiate between ectopic and vesicular mole
  - **Write the risk factors in each**
  - **Symptoms, signs, investigations of each**
  - **A table is recommended (page 27 & 29)**

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*Azhar:*

## Abortion

- Inevitable abortion. 89 **page 24 (write the definition, causes of abortions & the clinical picture & treatment of the inevible)**
- Discuss differential diagnosis between threatened abortion and ectopic pregnancy. 95
  - **Write the risk factors of each (causes)**
  - **Symptoms, signs & investigations of each**
  - **Table is recommended (page 24 & 27)**
- What are the causes of recurrent abortion? 90 **page 25**
- Discuss D.D of threatened abortion. معاد فوق
- What is recurrent abortion? Investigation and etiology management.
- Discuss D.D and management of 1st trimester abortion. 94
  - **DD as question 6**
  - **Management (mention the types, clinical pictures & investigations & treatment of each type (page 24)**

## Ectopic pregnancy

- Discuss D.D of tubal pregnancy
  - **DD of bleeding in early pregnancy**
  - **DD of acute abdomen during pregnancy**
  - **DD of types of tubal pregnancy**
- Give an update on diagnosis and management of ectopic pregnancy. 95 **page 27**
- Modern treatment of ectopic pregnancy. **Page 28 بالتفاصيل المكتوبه**
- D.D of acutely disturbed ectopic pregnancy. 97 **as question 1**

## Gestational trophoblastic tumors page 29

- Discuss vesicular mole. 90
- Clinical picture of molar pregnancy 91, 2001, 2006
- Diagnosis & complications of molar pregnancy 2008
- Give an account on diagnosis & treatment of gestational trophoblastic disease 1999 don't miss **(VM, choriocarcinoma, placental site tumor, locally invasive mole) page 30**

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# Bleeding in late pregnancy

## Ain shams:

- How do you manage a patient pregnant 34 weeks complaining of bleeding from genital tract? (76) **a case of APH page 32 يكتب كله**
- What are the causes of antepartum hemorrhage? Discuss diagnosis & management of placenta previa. (77,2003,2006) **page 32**
- Discuss treatment of antepartum hemorrhage. (March 83)
  - **Placenta previa**
  - **Abruption**
  - **Vasa previa**
  - **Local causes**
- Classify placenta previa. (97) **page 32 التقسيمه الجديده**
- Complications & management of accidental hemorrhage2002, 2003, 2006 , 2009 **page 33 (don't miss the fetal complications) دائما تنسي**
- Write short account on vasa previa. (92) **page 34 (الجدول هام )**

## Azhar

- Discuss antepartum hemorrhage.
  - Placenta previa.
  - D.D of placenta previa and accidental Hemorrhage.
  - **الجدول مهمpage 32**
- Management of placenta previa. 2002 **symptoms, signs, inv, DD, ttt page 32**

# High risk pregnancy

## *Ain shams:*

### Diabetes mellitus

- Fetal & neonatal complications of diabetic pregnancy 2004 **page 42**
- Mention 4 stigmata for potential D.M. (Sep 88) **(obese, +ve FH, previous macrosomic, malformed fetus, previous unexplained IUFD)**
- Comment on the statement "pregnancy is diabetogenic" mention 4 reasons. (Sep 85) page 42 **(due to insulinase enzyme, anti-insulin hormones, deficiency of vit B & chromium)**
- Write short notes on the features of a new born of a diabetic mother. (March 83) **page 42**
  - **Insulin therapy**



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- **Class A1:** Diet control
- **Class A2:**
  - 0.6 U / Kg in 1st trimester
  - 0.7 U / Kg in 2nd trimester
  - 0.8 U / Kg in 3rd trimester
- **Regimen:**
  - **2 injection regimen:** 2/3 in morning (NPH: Regular = 2: 1) before breakfast + 1/3 in evening before dinner (NPH: Regular = 1:1) "adjust by 1 h post prandial blood glucose after each meal "should be < 140mg%" if high increase the corresponding dose of insulin".
  - The patient must be warned against hypoglycemia. It is given SC in tha abdomen, arms, thigh & buttocks
- **In resistant cases:** thrice daily or cont infusion pump **(not better than injections)**

## Pregnancy induced hypertension

- D.D. eclamptic fits 2003 **(epilepsy, cerebral, hypertensive, hysterical strychnine poisoning)**
- Write short notes on control of eclamptic seizures. (Oct 90) **treatment of eclampsia page 46**
- Mention 4 important causes of proteinuria during pregnancy. ( 86, 86, 92) **infront of page 46 (+ PE اوعي تنسا مهم )**
- Write short notes on indications & methods of pregnancy termination in pregnancy induced hypertension. (96)
  - **Mature, in labor, f. distress, severe page 46**
  - **Method induction of labor page 100**
- Discuss domestically (at home) management of a case of eclampsia. (March 88) **(sedation – protect from light & sound stimuli – immediate transfer to the hospital)**
- Write short account on signs and symptoms of pre-eclampsia. (76, 71, 2001, 2009) **page 44**
- Write short account on stages of eclamptic fits. (Sep 79) **page 45**
- Write short notes on complications of pre-eclampsia. (80, & management 2009) **page 45**
- Criteria of severity of preeclampsia? **page 45**
- Describe eclamptic fits & mention its treatment, complications 2002, 2008 **page 45 (complications of PE + asphyxia + hyperpyrexia)**
- Treatment of eclamptic fits 2002 **page 46**
- Write short account on treatment of eclampsia 2008 **page 46**
- Symptoms & signs of pre-eclampsia & outline its treatment 2005

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- Discuss indications to induce labor prematurely in a case of pre-eclamptic toxemia. (March 83) معاد

## Abnormalities of liquor

- What are the effects of oligohydramnios on fetus? (97) **complications page 48**
- Write short notes on Polyhydramnios. (97, 2007) **page 47** كلها

## Blood related diseases with pregnancy

- Write short notes on treatment of iron deficiency anemia during pregnancy. (March 83) **page 41**
- Discuss iron deficiency anemia 2002 **page 40**
- How to avoid immunization of Rh –ve primigravida mother with –ve antibody titer? (March 83) **prophylaxis page 90**
- What are the possible malformations inflicted to the fetus of a mother who contacted German measles during the 1st trimester of pregnancy? (March 83)
  - **The classic triad is: Sensorineural deafness, cataract, patent ductus arteriosus**
  - **Others: mental retardation, microcephaly, low birth weight, thrombocytopenic purpura, hepatomegaly**
- Describe the gross appearance of placenta of immunized mother against Rh antigen. (Sep 83) **large, pale, edematous**
- Is Wasserman reaction a reliable test for the diagnosis of syphilitic affection during pregnancy? Why? (Sep 83) **no, because of false +ve results as other treponemal infections, chronic diseases, malaria, APL**

## Cardiac diseases with pregnancy

- Enumerate the cardiac diseases which contraindicate pregnancy & necessitate termination. (97) **page 36**

## Vomiting with pregnancy

- Write short account on treatment of hyperemesis gravidarum. (80, 82, 2003) **page 38**

## Miscellaneous

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- How can you manage an ovarian cyst detected at 8 weeks, at 24 weeks & 34 weeks of pregnancy and if detected immediately after delivery. (March 86)
    - **8 w wait**
    - **24 interfere**
    - **34 wait till delivery**
        - **if not obstructing VD then laparotomy**
        - **if obstructing CS & remove the cyst**
    - **any time suspect malignancy interfere**
- Discuss causes of acute abdominal pain during 3rd trimester of pregnancy. (Oct 90, March 91)

**Causes: page 84**

**Diagnosis:**

- **History:**
    - **Present history: amenorrhea +**
        - Pain + collapse in early pregnancy EP
        - Pain + collapse in late pregnancy accidental hemorrhage
        - Bleeding then pain inevitable abortion
        - History of scarred uterus rupture uterus
        - Symptoms of UTI, vomiting (DKA or food poisoning), melena (perforated DU), jaundice ( viral hepatitis, acute, acute fatty liver)
    - **Obstetric history**
        - Previous history of PE, accidental hemorrhage, fibroid, CS
    - **Past history**
        - **Medical :** DM, UTI, sickle cell anemia
        - **Surgical :** appendectomy, cholecystectomy
- **Examination:**
    - **General:**
        - BP: ↓in hemorrhage, ↑ in PE
        - Fever: in inflammations
        - Degree of shock:
        - Proportional to bleeding: as in inevitable abortion
        - Not proportional to bleeding: EP, ACC hge (+ neurogenic shock)
        - Jaundice: liver affection
    - **Abdominal:**
        - T, R, RT internal hemorrhage (disturbed EP)

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- Tonically contracted uterus + ↑ fundal level accidental he
- Tender renal angle UTI
- Examination suggestive of appendicitis
- Tender liver viral hepatitis
    - **PV:**
- Jumping sign + tender adenxum EP
- Opened CX + prolapsing products inevitable abortion
- Incarcerated RVF

- **Investigations:**
    - **Lab:** CBC, blood glucose, urine analysis, liver function tests
    - **US:** pelviabdominal & transvaginal (in EP)

**Treatment:**

- **Resuscitation:** blood transfusion, fluids, CS
- **Medical:** اكتب الاسباب وعالجها
- **Surgical:** اكتب الاسباب وعالجها

**Azhar:**

## Pregnancy induced hypertension

- Discuss D.D & management of pre-eclampsia. 91,94, 2001 **page 45, infront of page 45 , the table (HTN, PE , chronic renal diseases)**
- Discuss the C/P of pregnancy induced hypertension. **page 44**
- C/P, diagnosis, management of pregnancy toxemia. 93,99 عادي
- Screen test for pregnancy hypertension. 95 **(Roll over, angiotensin, Maximal BP is at night page 45** )
- Diagnosis, management & complications of per-eclampsia. 95 عادي
- D.D of pregnancy induced hypertension & essential hypertension. معاد
- Roll over test. 96 **page 45**
- Management of eclampsia. 2001 **Page 45 C/P & page 46 TTT**

## Diabetes mellitus

- Complications of diabetic pregnancy. 94,95,96,97,98,2000,2001 **page 42**

## Abdominal pain with pregnancy

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- Discuss acute abdomen during pregnancy. 89 معاد

## Abnormalities of liquor

- Management of a case of premature rupture of membranes during pregnancy 2000 **page 49**

## Blood diseases with pregnancy

- Iron deficiency anemia with pregnancy. 2005 **page 40**

## Vomiting with pregnancy

- Write short note on vomiting in early pregnancy? **page 37**
  - **Other causes of vomiting are :**
    - **Pregnancy related:** PE, PHA, acute abdomen as accidental hemorrhage
    - **Pregnancy associated:** twisted ovarian tr, red degeneration of fibroid
    - **Medical:** food poisoning, acute fatty liver, intestinal obstruction, UTI
    - **Surgical:** cholecystitis, appendicitis.

## Normal labor

**Ain shams**

- Methods of placental separation & management of 3rd stage of labor 2006 **page 18 (mechanism) & page 21 (management)**
- Write short notes on signs of placental separation. (Sep 83) **page 19**
- Management of 3rd stage of labor in normal labor 2003 **page 21**
- Mention 4 important diameters in the female pelvis connected with the mechanism of labor **(obstetric conjugate, obstetric transverse, obstetric APD of the outlet, interspinous diameter page 13)**
- Write short account on the diameters of the inlet in normal gynecoid pelvis. (97) **page 13**
- Compare & contrast the 4 main female pelvic type's configuration. Table is recommended. (97) **page 14**
- Write short account on pelvic outlet. (Sep 91) **page 14 definition & page 13 diameters**
- Write short notes on anatomy and diameters of the female pelvic inlet. (Sep 86) **page 13**
- What are causes prolonging the 2nd stage in labor in vertex presentation?

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Mention briefly the management towards the mother and the fetus. (86)

## Prolonged labor (in general)

- **Definition**: labor > 12 h (according to active management of labor)

| | PG | MP |
|---|---|---|
| 1st stage | 8h latent<br>4-8h active | 4h latent<br>2-4h active |
| 2nd stage | 1-2h | ½-1 h |
| 3rd stage | 10 – 30 min | 5-15 min |

- **Either delay of dilatation or head descent**
- **Etiology**: passenger, passages, power
- **Diagnosis & types:**
  - Prolonged latent phase (> 20h in PG & > 14h in MP)
  - Protraction disorders:
    - Cx dilatation < 1.2 cm/ h in PG or < 1.5 cm/h in MP
    - Head descent < 1 cm/h in PG or <2cm/h in MP
  - Arrest disorders (of cx dilatation > 2h or head descent > 1 h)
- **C/P**: as in obstructed labor
- **Complications & management** (look arrest disorders تحت اللي)

## *Azhar*

- Discuss the diagnosis of normal labor. 89 **page 17**
- Discuss the principal of active management of labor. 91 **page 19 كله**
- Discuss signs of labor. 91 **(page 17 & 18)**
- Complications of 3rd stage of labor. 91
  - **Early: PPH, AFE, shock (DIC, renal failure), anesthetic complications**
  - **Late: 4S, infertility, prolapsed, incontinence**
- How can you manage a case of normal labor? 92 **(active management)**
- Describe uterine contraction during labor? How would monitor these contraction and what is the significance of this monitoring? 92
  - **Character: page 17 الجدول**
  - **Compare UUS & LUS page 7**
  - **Monitoring: palpation, external tocodynamometer /internal manometry**
  - **Significance abnormal uterine action page 71 كلها**
- Discuss failure to progress in labor. (as arrest of labor)

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- **Definition**: delay in cx dilatation (> 2 hr) or fetal descent (>1hr)
- **Etiology**:
- General causes: dehydration, full bladder, oversedation, fear
- Local: power (inertia), passenger, passages
- **Diagnosis**: by the partogram (alert & action lines)
- **Complications**: maternal & fetal تاليف
- **Management**:
  - **Prophylaxis**: proper management of labor
    - Proper ANC & CS for macrosomia
    - Proper intranatal care, close monitoring by partogram & proper use of ecbolics
  - **Active**:
  - During 1st stage (ROM + ecbolics) if delay > 4 hr CS
  - During 2nd stage if delay > 2h in PG or > 1 h in MP
    - If the head is engaged forceps or ventouse
    - If not CS
  - Care of NN (ABCDEWATER)
- Discuss management of prolonged 2nd stage of labor 2005. معاد
- Diagnosis, mechanism of labor and management of normal labor. 98
  **Diagnosis page 17, mechanism page 18, management page 19**
- What are the risk factors in pregnancy that define it as high risk?
  - **Definition**: it is a pregnancy with ↑ morbidity & mortality to the mother or fetus or both
  - **Incidence**: 20% of all pregnancies
  - **Causes**:
    - **Maternal**:
      - Factors: Age, parity, habits, bad obstetric history
      - Diseases
    - **Fetomaternal conditions**: as MP, PHA, placental causes, IUGR
  - **Management**:
    - Proper ANC
    - Assessment of FWB, exclude CFMF
    - Delivery in well equipement place
      - Partogram
      - Intrapartum assessment of FWB
    - Post natal care
    - Good NN resuscitation
    - Family planning to ↓ unwanted pregnancies
- Discuss the partogram. 97, 2004 **page 19 + table (infront of page 20)**
- Discuss diagnosis, management of the 1st stage of normal vaginal

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delivery. 98.2002 معاد

- Diagnosis of the onset of 1st stage of labor. 2006 معاد

# Abnormal labor

## Ain shams

### Abnormal passages

- How you would investigate non engagement of fetal head of primigravida at term? (75, 2008)
  - **Write the causes of non engagement page 10 جدول**
  - **Write the investigation of each cause (the most important CPD, Malpresentation, placenta previa, PHA)**
- Classify cephalopelvic disproportion & name the mode of delivery in each degree. (97) **Page 73**
- Discuss diagnosis and treatment of cephalopelvic disproportion. (98) **page 72, 73**
- Write short notes on contracted outlet. (March 87)
- **Definition**: it is a pelvis in which the bituberous diameter is < or = 8 cm
- **Cause**: Android, anthropoid, high assimilation, kyphosis, spondylolisthesis
- **Mechanism of labor:**
  - Normal descent + engagement
  - Extreme flexion & moulding of the head
  - The head is pushed backwards towards the perineum
- **History, examination** العادي
- **Special test** (Müller, Kerr), clinical pelvimetry of the outlet
- **Management according to Thom dictum**
  - If BTD + posterior sagittal < 15 cm CS
  - If > 15 cm generous episiotomy
- **Complications**: العادي
- Write short account on cervical rigidity. (91) = **cx dystocia page 71**
- Write short notes on management of cervical dystocia. (95) **page 71**

### Abnormal passenger

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## Occipito posterior

- Write short account on deep transverse arrest of the head. (92, 2001)

Causes: OP, face (write the causes of each), mechanism, management & complications

- What are the causes of arrest of the head into the pelvis during labor? (88) معاد
- What the procedure you follow to deliver a primigravida with deep transverse arrest of the head into the pelvis with fully dilated cervix? Mention 4. (Sep 85) (manual correction, forceps, ventous, CS)
- What are the factors that hinder forward rotation of the head in occipito-posterior position? (Sep 83)
  - **Power: if strong rotate**
  - **Passages: if wide rotate, levator ani is not too rigid or too lax**
  - **Passenger: if too large will not rotate & degree of deflexion (continue the mechanism of labor as page 60)**
- Write short account on mechanism of labor in occipito-posterior position. (80) **as above**
- Discuss the etiology, diagnosis and management of occipito-posterior position of the baby. (75, 81, 82) **page 59**

## Breech page 59

- Name 2 method for delivery of each of the following parts of breech:
  - Extended neck **(Burns-Marshal, MSV, piper forceps)**
  - Extended arm **(bringing down an arm, Lovset)**
- After coming head of breech **mechanism, management (complicated & uncomplicated)**
- Causes of arrest of breech presentation on the pelvic outlet. **(large fetus or contracted pelvis or inertia correct or CS)**
- Write short notes on fetal morbidity & mortality in breech delivery. (94) **page 65**
- Diagnosis & management of breech during pregnancy & labor 76 الموضوع كله
- Write short notes on causes of breech presentation. عادي جدا
- Write short notes on delivery of coming head in breech presentation. (March 76) **(look question 2)**

## Transverse lie page 59

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- Write short notes on etiology, clinical picture and treatment of shoulder presentation. (97) عادي جدا
- Discuss the causes, diagnosis and management of oblique lie. (Sep 80) عادي جدا

## Multiple pregnancy

- Discuss management of retained 2nd twin. (March 87) **page 70**
- Write short notes on etiology, diagnosis, management & complication of multifetal pregnancy 2006, 1 &6/2009. **page 68**

## Azhar

### Abnormal passages معاد

- Discuss management of labor in patient with contracted outlet. 93
- Causes of non engagement of the head in a primigravida at 36 weeks. 2002

### Abnormal passenger

### Occipito posterior معاده

- What is the mechanism of labor in occipitoposterior presentation of the fetus? 90,99, 2001
- Discuss the management and diagnosis of occipitoposterior in labor. 91,97, 2003

### Breech page 59

- What is the management of a case with breech presentation? 2001, 2004
- Diagnosis of breech presentation. 91
- Complications of vaginal breech delivery. 98
- Mechanism of labor, management & complications of breech presentation 2000

### Transverse lie page 59

- Discuss diagnosis of transverse lie. 90,91
- Causes and management of transverse lie 2002
-

### Face page 59

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- Give an account on the diagnosis and management of face presentation.

**Cord prolapsed page 67**

- Management of cord prolapse. 2000

**Multiple pregnancy page 68**

- Complications of multiple pregnancy 2000,2003,2005,2006

## Complications of 3rd stage

***Ain shams***

**PPH**

- Discuss 2ry PPH **(A3)** مكتوب بالتفصيل في ورقه
- Causes of 2ry PPH 2006, 2007 **page 79**
- Diagnosis & treatment of atonic PPH **page 80**
- Traumatic PPH 2002
- Write short account on retained separated placenta. (92) **page79**
  - **Cause of retained seprated placenta (atony, RU, constriction ring)**
  - **C/P :** عادي
  - **Treatment of the causes only** مش كل الاسباب
- Discuss the etiological factors and treatment of 1ry PPH. (85, July 86, Sep 86) الموضوع كاملا
- What are the ecbolic drugs used to induce abortion to stimulate uterine action during labor and to avoid atonic PPH after labor? Mention dosage. (86) **(contact me)**
- Discuss the causes, management of PPH, outline your treatment. (77, 78, 80, 82) **(1ry + 2ry)** سؤال طويل جدا
- Write short notes on retained placenta. (Sep 81) **page 79**

**Trauma**

- Write short notes on causes of ruptured uterus. ( 81) **page 76**
- Write short notes on causes of perineal tear during labor. (75, 85) **page 74**
- When do the internal os close after? When the uterus does became a pelvic organ after normal labor? (86) **page 7**
- Write short notes on diagnosis and management of complete perineal tear immediately after labor. **page 74**
- Old perineal tears 2002 **page 47 (in gynecology** واخد بالك **)**

**Good Luck**



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- Complete perineal tear **page 74**

## Infections

- Mention 4 causes for puerperal pyrexia related to the process of delivery. (Sep 85) **page 86**
- Discuss puerperal pyrexia 2002, 2008 **page 86 الموضوع كله**
- Diagnosis & treatment of puerperal sepsis 2003
- Mention 4 predisposing factors for puerperal infection. (83)
- Write short notes on puerperal pyrexia. (March 82, 86)
- How would you investigate pyrexia after labor? (Oct 75)

الموضوع كله لازم يتكتب

## Azhar

### PPH page 79

- How would you manage a case of PPH? 90 = **(1ry + 2ry)**
- Discuss management of atonic PPH.
- Give short account on etiology and management of immediate PPH.92 (= **1ry PPH)**
- Causes of PPH 2001, 2006
- Management of PPH 2001

### Trauma

- What are signs and symptoms of impending rupture of uterus? 90,2006 ( **= obstructed labor** واخده بالك من الكلام )

### Infections page 86

- Management of puerperal pyrexia. 2000,2002, 2004
- Causes of puerperal pyrexia. 98
- Puerperal pyrexia. 2006
- D.V.T in puerperium. 2005

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## Fetology & newborn

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Ain shams

## Fetal wellbeing

- Mention 4 essential indications for amniocentesis especially your reason for doing such process. (Sep 84) **page 98**
- Discuss value of amniocentesis. (98) **(= indications page 98)**
- Indications of amniocentesis 2006
- Criteria of intrapartum fetal distress 96 **(= intrapartum fetal assessment page 12)**

## IUFD page 92

- Write short notes on diagnosis of IUFD. (Sep 82)
- Causes of IUFD 2007
- Write short notes on radiological finding of IUFD. (83)
- Mention 4 serological tests carried for a case of repeated IUFD in late pregnancy. (84) 1 hr PPBG, RH, ACL, lupus anticoagulants, ANA, Anti ds DNA

## Macrosomia page 56

- Write short notes on causes of macrosomia. (March 91)
- Macrosomia: definitions, risk factors, complications, diagnosis & treatment 2007
- Write short notes on hydrops fetalis. (March 91) **page 98**

## IUGR

- Intrauterine growth retardation 2006. **page 90**

## CFMF

- Mention in order of frequency 4 congenital fetal malformations. (Sep 84) **(CVS, CNS, GIT , urinary tract malformations)**

## Disorders of maturity

- Treatment of cases with established diagnosis of preterm labor? **Page 52**
- Define, causes & treatment of preterm labor 2006,2004 **page 51**
- Pharmacokinetics of tocolytics 2007 الجدول **page 53**
- Discuss causes of prematurity. (Sep 82) معاد

## Neonate

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- APGAR score. **page 21**
- Write short account on neonatal asphyxia. (76, 77, 80, 81, 2002) **P 94**
- Write short account on treatment of asphyxia livida. (97) **P 94**
- Mention 2 possibilities to a newborn that developed convulsions shortly after delivery. (March 86) **hypoglycemia, hypoCa, hypoMg, ICH**
- Write short assay on the management of a newborn with 1 minute APGAR score. (Sep 87) **page 94**
- Discuss the causes of jaundice in the newborn within the 1st week of delivery. (88) الكتاب الكبير
- Write short notes on cephalhematoma. (Oct 90)
- Write short notes on caput succedaneum. (March 77) **page 16**
- Respiratory distress syndrome of the newborn **page 95**
- Infant of diabetic mother, clinical feature & liable complications? 2005 **page 42**

## Azhar

### Fetal well being page 11

- Fetal prophysical profile. 94
- Signs of fetal distress. 99
  - **Definition**: ↓ placental blood flow so continuation of pregnancy is hazardous to the fetus.
  - **Etiology**:
    - Antenatal: as IUGR
    - Intranatal: as prolonged labor
  - **Diagnosis**: FWB
  - **Complications** as IUGR
  - **Management**

**Antenatal:** as IUGR

**Intranatal** monitoring: intrapartum assessment of FWB

**Management of intrapartum fetal distress**

- Non stress test.
- Diagnosis and management of fetal distress. 2003,2006
- Lab tests for lung maturity. 2006
- **Bubble stability test:**
  - **AF sample** serially diluted with saline + 1 ml ethanol 95% in a ratio 1:1 then 1:2 and so on till 1:5.

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- **Shake tubes for 15 sec**. and then allow resting for 15 min.
- If ring of bubbles appear between AF & ethanol in 2nd tube or more = mature

- **Estimation of L/S ratio:** - If > 2 = Mature lung
- **Detection of PG in AF:** - Especially in D.M
- **Detection of components of surfactant** = lung profile:
  - Lecithin, Phosphatidyl glycerol, Phosphatidyl inositol, Phosphatidyl ethanolamine, Phosphatidyl serine, & Sphingomyelin.
- **Recently:**
  - **AF micro viscosity:**
    - AF is mixed with fluorescent dye that attaches to hydrocarbon of the surfactant, then intensity of fluorescence is measured
  - **Spectrophotometry at 650 nm** [absorbance of surfactant]
  - **Surfactant / albumin ratio** [50 or more = mature lung-100%]
- **others**
- Creatinine in amniotic fluid at term > 2mg% = kidney maturity
- Amniotic fluid bilirubin = 0 at 36wks = liver maturity
- Criteria of intrapartum fetal distress 96 = **intrapartum assessment of FWB**

## Disorders of maturity

- Discuss preterm labor. 95 **page 51**
- Management of a case with premature rupture of membrane. 2000 **page 49**
- Write short notes on post maturity. (Nov 77) **page 54**

## Neonate

- Physiological jaundice and jaundice due to Rh incompatibility of newborn. **LOOK TEXT**
- Asphyxia neonatorum. 90 **page 94**
- What are the types of neonatal asphyxia you know? How would you manage each type? **90 page 94**
- Types and D.D of Asphyxia neonatorum. 91 **page 94**

## Obstetrical operations

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## Ain shams

- Write short notes on indication for forceps delivery. (77, 80, 81) **page 108**
- Discuss complications of forceps delivery. (78, March 80) **page 109**
- Write short notes on episiotomy. (Sep 79, March 82) **page 105**
- Complications of episiotomy **page 106 (disadvantages)**
- Write short notes on failed forceps. (Sep 86, 87) **page 110**
- Give notes on complications of the operation of D&C. (97) **page 74 gynecology**
- Write notes on management of uterine perforation during D&C operation. (95) **page 74 gynecology**
- Enumerate the postoperative and the long-term complications of C.S. (97) **page 104**
- Write notes on caesarean hysterectomy. (99) **page 104**
- The conditions that must be present to allow using the forceps = **preriquisities = preparation before application page 108**
- Give short account on uses of ecbolics in 3rd stage of labor **page 22**
- Methods, dosage & contraindications of ergometrin use in 3rd stage of labor **page 22**
- Write short notes on induction of labor. (Oct 88) **page 100**

## Azhar

- Discuss complications of obstetric forceps. 92,99 **page 109**
- Discuss indications & complications of vacuum extraction. 94,97,2002 **page 106**
- Discuss indications & technique of technique of episiotomy 94 **page 105**
- Discuss episiotomy. 99,2006 **page 105**
- Discuss indication of cesarean section. 98,99,2001,2003 **page 101**
- Give the indications and advantages of episiotomy. How would you repair it? 92 **page 105, 106 الجدول**
- Indications of D& C **page 74 gynecology**
- Uterine stimulants (oxytocin, PG & ergometrin 2007) **page 22**
- Oxytocin in obstetrics. 2006
- Uses of US in obstetrics 2000 **look to the A3 (assessment of fetal welleing)**
- How to improve the maternal mortality rate (expected) page 37
- How to improve NN outcome:
- Write the still birth rate & NN mortality rate & perinatal mortality rate
- **Etiology:**

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- Causes of fetal distress (causes of IUGR)
- Causes of NN death

- **Management:**
  - Proper assessment of FWB (antepartum, intrapartum, assessment of CFMF)
  - Proper NN resuscitation

☺ فاصل ونواصل:

## تجربة علمية دفعته لاعتناق الإسلام

تعود المصلون في المركز الإسلامي باوكرانيا أن لا يمر أسبوع أو أسبوعان بالكثير دون أن يشهر أحد الأوكرانيين، رجلاً كان أو امرأة إسلامه أمامهم.. ولكن هذه المرة لم يكن الأمر عاديا... جاء الشاب الأوكراني ديميتري بولياكوف، الفيزيائي الشغوف بالبحوث العلمية ودخل المسجد وجلس بجوار الإمام بعد انتهاء الصلاة ومعه أحد الشباب النشطين في مكتب التعريف بالإسلام في المركز الإسلامي، تحدث الإمام ممهداً ليجلب انتباه المصلين ليمهد للأمر ثم بعد لحظات ردد خلفه ديميتري ألفاظ الشهادتين " أشهد أن لا إله إلا الله وأشهد أن محمداً رسول الله".. إذاً ما الذي جعل الأمر يبدو غير عادي ؟! .. حينما بدأ ديمتري يشرح رحلته للإيمان قال إن مدخله كان علمياً فيزيائياً بحتاً.. أصغى المصلون له بانتباه ليعلموا كيف قادت الفيزياء هذا الفتي الأشقر إلى الإسلام.

قال ديميتري إنه يعمل ضمن فريق أبحاث علمية في مجال الفيزياء الفراغية (vaccum physics) بقيادة البروفسور نيكولاي كوسينيكوف أحد العلماء الأفذاذ في هذا المجال وإنهم قاموا بعمل نماذج أجروا عليها اختبارات معملية لدراسة نظرية حديثة تفسر دوران الأرض حول محورها واستطاعوا إثبات هذه النظرية ولكنه علم أن هناك حديثا نبويا يعرفه جميع المسلمون ويدخل في صلب عقيدتهم يؤكد فرضية النظرية ويتطابق مع خلاصتها، أيقن أن معلومة كهذه عمرها أكثر من ١٤٠٠ عام المصدر الوحيد الممكن لها هو خالق هذا الكون.

النظرية التي أطلقها البروفسور كوسينيكوف تعتبر الأحدث والأجرأ في تفسير ظاهرة دوران الأرض حول محورها . قامت المجموعة بتصميم النموذج وهو عبارة عن كرة مملوءة بالقصدير المذاب يتم وضعها في مجال مغناطيسي تم تكوينه بفعل إلكترودين متعاكسي الشحنات، وحينما يمرر التيار الكهربائي الثابت في الإلكترودين يتكون المجال المغنطيسي وتبدأ الكرة المملوءة بالقصدير في الدوران حول محورها هذه الظاهرة سميت " بالفعل التكاملي الإلكتروماغنوديناميكي" وهو في شكله العام يحاكي عملية دوران الأرض حول محورها. وفي عالمنا الحقيقي تمثل الطاقة الشمسية القوة المحركة حيث تولد مجالاً مغناطيسياً يدفع الأرض للدوران حول محورها. وتتناسب حركة الأرض سرعة وبطئاً مع كثافة الطاقة الشمسية. وعلى ذلك يعتمد وضع واتجاه القطب الشمالي.

وقد توصل ديمترى اثناء ابحاثه أن القطب المغنطيسي للأرض حتى عام ١٩٧٠ كان يتحرك بسرعة لا تزيد عن ١٠ كيلومترات في العام، ولكن في السنوات الأخيرة زادت سرعته حتى بلغت ٤٠ كم في السنة، بل إنه عام ٢٠٠١ إنزاح القطب المغنطيسي للأرض ٢٠٠ كم مرة واحدة

وهذا يعني أنه وتحت تأثير هذه القوى المغنطيسية فإن قطبي الأرض المغنطيسيين سيتبادلان موقعيهما مما يعني أن حركة الأرض ستدور في الاتجاه المعاكس، حينها ستخرج الشمس من مغربها.

هذه المعلومات لم يقرأها ديميتري في كتاب أو يسمع بها وإنما توصل إليها بيديه عبر البحث والتجربة والاختبار. وحينما بحث في الكتب السماوية وفي الأديان المختلفة لم يجد ما يشير إلى هذه المعلومة سوى في الإسلام وجد الحديث الذي أخرجه مسلم عن أبى هريرة رضي الله عنه قال: قال رسول الله صلى الله عليه وسلم: من تاب قبل أن تطلع الشمس من مغربها تاب الله عليه. حينئذ لم يحل بين ديميتري وبين أن يعتنق الإسلام إلا أن يأتي إلى المركز الإسلامي وينطق بالشهادتين وهو ما فعله. ترى هل استحضر هذه النظرية في ذهنه وهو ينطق بالشهادتين ؟ .. بالطبع لا.. لقد كانت آية وعلامة يسرها الله له لتدله إلى الطريق وقد وصل إليه.. وهو الآن أمام نبع ذاخر يغترف منه فيملأ روحه وعقلة.

لم ينقطع ديميتري عن مركز الأبحاث بعد إسلامه فأمامه رسالة دكتوراه يود إكمالها.. ولكنه إن شاء الله سيكملها بروح جديدة هي روح العالم الفيزيائي المسلم الذي يدرك في مختبره عظمة الخالق فيسبح بحمده.

سبحان الله

*Final Exams*

Good Luck



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## 1995

**All questions are to be answered:**

1- Write a short account on the following:
   a- Types and treatment of Neonatal Asphyxia.
   b- Management of Cervical Dystocia.
   c- Causes of Habitual Abortion.
   d- Causes of Arrest Of Breech Presentation On The Pelvic Outlet.

2-write short notes on:
   a- Management of Uterine Perforation during D&C operation.
   b- Treatment of second degree Uterine Prolapse in a young patient.
   c- Diagnosis of Female Genital Tuberculosis.
   d- What is Douglas Pouch; enumerate the masses felt at this site.

## September 1996

**All questions to be answered:**

1-How are you going to assist the delivery of:
   I-The shoulders if they are:
      A- Flexed.  B- Extended.  C- Nuchal position.
   II-The after coming head (the most recommended 2 methods).
      A. After delivery of the fetus the placenta can't be delivered by routine methods. How are you going to manage this retained placenta?
      B. Mention the most common causes of:
         1-Breech presentation
         2-Placental retention in this particular case.

2- Write short notes on the following:
   a- Compare and contrast the four main female pelvic types.(configurations) Table is recommended.
   b- Diagnosis and management of complete perineal immediately after labour.
   c- Indication and methods of pregnancy termination in pregnancy induced hypertension. (P.E.T)
   d- Causes and diagnosis of incompetent cervix.
   e- Criteria of intrapartum fetal distress.

**3- write short notes on:-**
   A- Development of 2ry female sexual characters at puberty.

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B- Lymphatic Drainage of the Vulva.
C- Diagnosis and treatment of gonoccocal infections of 1ry sites.
D- Screening methods for carcinoma of cervix.
E- Long acting hormonal contraception.

## February 1997

**All questions are to be answered:**

1- Give short notes on:
   a- Investigation of tubal factor in case of infertility.
   b- Monilial vulvovaginitis.
   c- Classify ovarian germ cell tumours.
   d- Complication of D&C operation.
2- Give short notes on:
   a- The conditions that must be present to allow using the forceps.
   b- Causes of polyhydramnios.
   c- Apgar score.
   d- The diameters of the inlet in normal gynaecoid pelvis.

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## September 1998

**Paper 1 obstetrics**

**I - Answer the following questions:**

1. Name 2 sure method for prenatal of intrauterine fetal death (IUFD)
2. What the cause of IUFD in this case? Explain why sudden death occurred and mention the investigation which can be used to confirm the diagnosis of the cause?
3. What are the possible causes of shoulder dystonia in the case?
4. What are the possible causes of postpartum bleeding in this case? Name the methods which can be used to confirm the diagnosis?
5. Outline the management of this bleeding.

**II-Answer the following questions briefly:**

1. Name 5 uterine signs of Pregnancy in the 1st Trimester.
2. Name the routine laboratory tests to be done at the first antenatal visit.
3. Give the methods, dosages and contraindications of ERGOMETRINE use in stage of labour.
4. Outline the treatment of HYPEREMESIS GRAVIDARUM.
5. Enumerate the cardiac diseases, which contraindicate pregnancy and necessitate termination.

Good Luck



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6. What are the effects of oligohydramnios on the fetus?
7. Classify placenta previa.
8. Name 2 methods for the delivery of each of the following Parts of breech:
   (I) Extended legs. (II) Extended arms. (III) Aftercoming head.
9. Classify Cephalopelvic Disproportion and name the mode of delivery in each degree.
10. Enumerate the postoperative and the long-term complications of C.S.

## Paper 2: Gynecology ;

### I. Answer the following questions:

a) What is the significance of endometrial hyperplasia? Name the 4 pathological varieties.
b) What are the ovarian tumors that may cause this hyperplasia? And why?
c) Name 2 preoperative methods for diagnosis of ovarian malignancy in this case?
d) Name the intra-operative criteria of ovarian malignancy in such a case and mention 2 intraoperative investigations for diagnosis of malignancy.
e) Outline the treatment of this case if the ovarian tumor proves to be:
   A-Benign B-Malignant stage

### II. Answer The Following Question Briefly:

1. Enumerate the anatomical structures between 2 Layers of the Broad Ligament.
2. Classify Functional Hypothalamic Amenorrhea.
3. Name 5 methods of pain control in Primary (Spasmodic) Dysmenorrhea.
4. Enumerate the causes of cervical in infertility.
5. Name the operations to be used in the following types of Prolapse:
   a) Rectocele.
   b) Cystorectocele.
   c) First degree uterine Prolapse.
   d) Second degree uterine Prolapse.
   e) Postmenopausal procedentia.
6. Name the predisposing causes of monilial vulvovaginitis.
7. Enumerate the causative organisms of the acute pelvic inflammatory disease (PID)and mention one effective antibiotic combination for treatment.
8. Mention the available methods for Emergency Contraception.
9. Define stage 1 cancer cervix.
10. Outline the (surgical and medical) treatment of tubal pregnancy.

**February 1998**

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1. Discuss the diagnosis & treatment of cephalopelvic disproportion.
2. Write notes on:
   - Diagnosis and treatment of Eclamptic Fits.
   - Value of Amniocentesis.
   - Causes, diagnosis and treatment of Retained Placenta.
   - Genital Chlamydial Infection (bacteriology, pathology, diagnosis and treatment).
   - Indications, contraindications & complications of Intra-Uterine Contraceptive Devices.

## 1999

**ALL QUESTIONS ARE TO BE ANSWERED;**

1. Give an account on the diagnosis and treatment of Gestational Trophoblastic Disease.
2. Write short notes on:
   a) Anatomy & function of Pelvic Floor Muscles.
   b) Immunological factors in Infertility, abortion & contraception.
   c) Cesarean Hysterectomy.
   d) Etiology & complication of Multifoetal Pregnancy.
   e) Pathology of Vulvar Ulcers.

## September 2000

Time allowed 3 hours Including M.C.Q.

**All questions are to be answered:**

**Write short notes on the following:**

1. Complications of accidental haemorrhage.
2. Describe the Eclamptic fits and its complication.
3. The neonate of diabetic mother.
4. Complication of episiotomy.
5. Secondary postpartum haemorrhage.
6. Vulvovaginitis of children.
7. Benign cystic teratoma (Dermoid cyst) of the ovary.
8. Side effects of the combined oral contraceptive pills.
9. Complete perineal tear.
10. Hyperprolactinaemia.

## February 2001

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**Write short notes on:**

1) Diagnosis and management of cancer cervix. (30 marks)
2) Lymphatic drainage of the cervix. (10 marks)
3) Embryology of the ovary (10 marks)
4) Types of urinary incontinence (10 marks)
5) Contraception during lactation (10 marks)
6) Clinical picture of EPH Gostosis pre eclampsia (10 marks)
7) Medical causes of repeated abortion (10 marks)
8) Causes of macrosomia (10 marks)
9) Retained placenta (10 marks)
10) Management of deep transverse arrest. (10 marks)

## February 2002

1. Respiratory distress syndrome of the newborn.
2. Puerperal pyrexia.
3. Iron deficiency anemia with pregnancy.
4. Treatment of eclamptic fits.
5. Traumatic postpartum hemorrhage.
6. Causes and management of transverse lie.
7. Diagnosis and management of actually disturbed ectopic pregnancy.
8. Diagnosis of anovulation.
9. Contraindications of hormonal contraception.
10. Diagnosis and treatment of genital chlamydial infection.
11. Benign cystic teratoma of the ovary (dermoid cyst of the ovary).
12. Management of post menopausal bleeding.
13. Investigations of true urinary incontinence.
14. Anatomy of the vagina.
15. Old perineal tears.

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## September 2002

**Give short account on:**

1) Investigations of tubal factor in case of infertility (10 marks)
2) Diagnosis and treatment of monilial-vulvo- vaginitis (10 marks)
3) Causes and treatment of atonic postpartum haemorrhage (10 marks)
4) Describe the eclamptic fit and mention its treatment (10 marks)
5) Side effects of combined oral contraceptive pills (10 marks)
6) Causes and management of transverse lie (10 marks)
7) Neonatal asphyxia. (10 marks)
8) Missed abortion (10 marks)
9) Diagnosis and treatment of vesico-vaginal fistula (10 marks)

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## December 2002

**Write short notes on:**

1) puerperal pyrexia.
2) Diagnosis and management of ectopic pregnancy.
3) Missed abortion.
4) Complications of accidental haemorrhage.
5) Types,complications,indications of episiotomy.
6) Causes of postmenopausal bleeding.
7) Vaginal candidiasis.
8) Side effects of combined oral contraceptives pills.
9) Investigations of tubal factor in infertility.
10) Complications of D & C operations.

## December 2003

**ALL QUISTIONS ARE TO BE ANSWERED:**

1- Diagnosis and ttt of atonic PP Hge
2- Diagnosis and outlines of ttt of PCO
3-Diagnosis and ttt of eclamptic fits
4-TYPES AND TTT of precious puberty
5-Causes , diagnosis and outlines of ttt of IUFD
6-Diagnosis and outlines of ttt of endometrial carcinoma
7-Diagnosis and ttt of puerperal sepsis
8- Diagnosis and ttt of monilial and trichomial vaginitis

## September2003

1) Complications of accidental haemorrhage.
2) Diagnosis and management of acutely disturbed ectopic pregnancy.
3) Side effects of IUCDs
4) Diagnosis and management of Itchy vaginal discharge in a woman in a child bearing period.
5) Biophysical profile.
6) Hyperemesis Gravidarum.
7) Eclamptic fits.

## September 2004

**ALL QUISTIONS ARE TO BE ANSWERED:**

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1. Discuss microbial vulvovaginitis during childbearing period.
2. Discuss postmenopausal bleeding (causes, diagnosis & outline the treatment).
3. Mention types of hormonal contraception & their advantages & disadvantages.
4. **Give an account on:**
   a. Gonadotropin releasing hormones.
   b. Diagnosis of ovulation.
5. Describe the clinical types of spontaneous abortion & the treatment of each.
6. Define preterm birth (labor) & mention the causes & treatment of established case.
7. **Give an account on the following:**
   a. Criteria of severity of preeclampsia.
   b. Fetal & neonatal complications of diabetic pregnancy.
8. **Give short notes on:**
   a. Complications of twin pregnancy.
   b. Puerperal pyrexia.

## December 2004

1) Respiratory distress syndrome of newborn.
2) Causes of post partum haemorrhage.
3) Acutely disturbed ectopic pregnancy.
4) Puerperal pyrexia.
5) Complications of IUCDs.
6) Diagnosis of polycystic ovarian disease.
7) Diagnosis and treatment of genital Chlamydia trachomates.
8) Complications of ovarian cyst.

## May 2005

WRITE SHORT NOTES ON:

1. Diagnosis and management of threatened abortion.
2. Causes of Puerperal pyrexia.
3. Symptoms and signs of preeclampsia and outline the treatment.
4. Types, indications and complications of episiotomy.
5. Infant of diabetic mother, clinical features and liable complications.
6. Contraindications and complications of the combined oral contraceptivepills.
7. Induction of ovulation.
8. Complications and treatment of genital chlamydial infection in female genital tract.
9. Enumerate types and treatment of female genital prolapse.

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10. Dermoid cyst of the ovary.

## December 2005

**ALL QUISTIONS ARE TO BE ANSWERED:**

1. Diagnosis and ttt of PCO
2. Diagnosis of utrine fibrosis & out line the treatment " no operative details nedded "
3. Bacterial vaginosis" gardenella vaginalis" and mention its complication
4. Recurrent " habitual" abortion: causes, diagnosis and ttt
5. Preclampsia: definition, clinical picture, crieteria of severity and complication
6. Atonic post partum He

## June 2006

**WRITE SHORT NOTES ON:**

1. Diagnosis and treatment of acute PID.
2. Hyperprolactinemia.
3. Causes and management of post menopausal bleeding.
4. Methods of placental separation and management of 3rd stage of labor.
5. Diagnosis and treatment of placenta previa.
6. Treatment of cases with established diagnosis of preterm labor.

## September 2006

**WRITE SHORT NOTES ON:**

1. Diagnosis and treatment of missed abortion.
2. Treatment of eclampsia.
3. Causes of premature labor.
4. Diagnosis of twin pregnancy.
5. Causes of 2ry postpartum hemorrhage.
6. Diagnosis of pelvic inflammatory disease.
7. Diagnosis of cervical intraepithelial neoplasia.
8. Complications of fibroid uterus.
9. Contraindications of IUCDs.
10. Management of normal menopause.

## December 2006

**WRITE SHORT NOTES ON:**

Good Luck



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1. Intrauterine growth retardation.
2. Complications of accidental hemorrhage.
3. Oral contraceptive pills.
4. Diagnosis and treatment of pelvic endometriosis.

ENUMERATE:

1. Predisposing conditions for luteal phase defect.
2. Complications of female genital mutilation.
3. Indications of amniocentesis.
4. Causes of preterm labor.

## June 2007

**WRITE SHORT NOTES ON:**

1. Macrosomia (definition, risk factors, complications, diagnosis and treatment).
2. Uterine stimulants (oxytocin, prostaglandins and ergometrine).
3. Cervical intraepithelial neoplasia (risk factors, prophylaxis, clinical picture, diagnosis and treatment).
4. Secondary amenorrhea (causes and investigations).

ENUMERATE:

1. Causes of 2ry postpartum hemorrhage.
2. Causes of Polyhydrammios
3. Contraindications and complications of hysterosalpingography.
4. Advantages and disadvantages of subdermal

## 2007

**Total marks: 120 Marks**

**I) Read the following clinical presentations and then answer the following questions:(20 marks each)**

1) A 45-years-old woman p3+1 presented complaining of serosanguinous vaginal discharge for two months duration.
   a) What are the further pioints that could be important in the history of this patient?
   b) What is your differential diagnosis and how to investigate for this problem?
   c) Discuss your further management.

2) A 32-years-old nursing woman, she had an ntrauterine contraceptive device, presents with lower abdominal pain and spotting for a couple of

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weeks after 3 months of abscent menstrual flow.
a) What are the possible causes of this presentation?
b) What are the investigations that could help to reach the diagnosis?
c) How would you act to manage?

**II) Write short notes on: ( 20 marks each )**
1) Pharmacology of female contraception
2) Tocolytics

**III) Enumerate: (10 marks each)**
1) causes of endometrial polyps.
2) causes of disordered puberty.
3) Causes of secondary postpartum hemorrhage.
4) Fetal birth injuries.

## December 2008

1) In the obstetrics reception room. The ambulance brought a 36 years, old pars 4 woman, with fetal buttocks, body and arms coming out of vulva, the general condition of the mother showed temperature 37.8 C pulse 110 beats per minute
a- What are the possible causes? (10 marks)
b- Discuss the management of such a case. (10 marks)

2) A non pregnant 26 years old female, presented to outpatient clinic with missed period for last 10 weeks, on examination milky discharge was coming out of her nipples
a- Discuss the differential diagnosis (10 marks)
b- Discuss the management (10 marks)

**Write short notes on the following**
3- Management of eclamptic fits (20 marks)
4- Contraception for a newly married couple (20 marks)

**Enumerate ( each is 10 marks)**
5- Causes of urinary incontinence in female. (five causes)
6- Methods of early detection of genital malignancy. (five methods)
7- Causes of puerperal pyrexia (five methods)
8- Causes of non engagement of the head in the last 2 weeks of pregnancy in a primigravida (five causes)

## January 2009

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1. **A 29-year-old G3 P2 at 38 weeks` gestation had a myomectomy 3 years previously. She was admitted to the delivery room because of spontaneous onset of labor and while pushing during the 2nd stage of labor, she is noted to have fetal bradycardia associated with some vaginal bleeding. Then the fetal head which was at +2 station is noted now to be at -3 station (recession of the presenting part). Then on abdominal palpation the fetal parts were easily felt and the fetal heart sounds were not audiable.**
   a) What is the most likely diagnosis?
   b) Discuss the immediate steps in the management.
   c) What are the possible lines of treatment for this patient?
   d) How to avoid such problem?

2. **A 30-year-old nulligravida married for 3 years complaining of 1ry infertility. She presented now with constant, deep, pelvic pain for 3 months. The pain worsens during menstruation. Her LMP was 1 week ago. Vital signs are within normal. Abdominal examination elicits bilateral lower quadrant tenderness without rebound. Pelvic examination demonstrates a tender 6 cm left adnexal mass and fixation of the uterus and uterosacral ligaments. Lab data are hematocrit, 40% (normal, 35 to 45%); white blood count, 7000/mL (normal,3 to 10000/mL); and serum pregnancy test, negative. Transvaginal U/S shows a 6 cm echogenic left adnexal mass. The uterus and the right adnexum are felt normal.**
   a) What is the most likely diagnosis?
   b) Discuss the differential diagnosis.
   c) Discuss the relevant investigations.
   d) What are the possible lines of treatment for this patient?

3. **Write an essay on the diagnosis and the complications of multiple pregnancy.**
4. **Write an essay on the complications and the management of pre-eclampsia.**
5. **Write an essay on the complications and the management of fibroid.**



☺ فاصل ونواصل:

الحياة.....طريق

- طريق الالف ميل يبدأ بخطوه
- شق طريقك بابتسامتك خير لك من أن تشقها بسيفك
- الذي يولد يزحف , لا يستطيع أن يطير
- إذا لم تعلم أين تذهب , فكل الطرق تفي بالغرض
- إذا طعنت من الخلف , فاعلم أنك في المقدمة

*Surgery*

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# Head & Neck

***A-SALIVARY GLAND***

1- Swelling of the submandibular region. (89)
2- Mixed salivary tumours. (82)
3- Parotid tumours. (83)
4- Chronic submandibular swelling. (85)
5- Describe the anatomy of the parotid gland. (87)

***B-TONGUE***

1- Leukoplakia. (77)
2- Give the pathology, aetiology, clinical picture, differential diagnosis & TTT of malignant tongue ulcers. (79)
3- Clinical picture & TTT of carcinoma of tongue. (81)
4- Ulcers of the tongue. (81.85, 90, 92, 94, 95, 98)

***C-LIP***

1- Clinical picture & TTT of cleft lip. (84)
2- Epithelioma of lip. (85)

***D-JAW***

1- Management of jaw swelling.

# Hernia & Testis

***A-FEMORAL TRIANGLE***

1- Anatomy of femoral triangle. (76)
2- Diagnosis of swellings of femoral triangle. (76.81.83)
3- Describe the anatomy of femoral sheath. (79)
4- Describe the anatomy of femoral triangle. (81, 83)
5- Clinical picture of strangulated femoral hernia & its TTT.
6- Clinical picture and DD of femoral hernias. (84)

***B-TESTIS***

1- Maldescended testis.
2- Ectopic testis.

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3- Describe the types of imperfect descent of the testis, and clinical pictures & TTT.

***C-SCROTUM***

1- Hydrocele. (79, 83, 86)
2- Solid scrotal swelling. (94)
3- Cystic scrotal swellings & TTT. (92, 93)

***D-INGUINAL HERNIA***

1- Diagnosis & TTT of strangulated hernia. (98)

## Thyroid Gland

***A-TYROTOXICOSIS***

1- TTT of primary thyrotoxicosis. (76)
2- Give the pathology, clinical picture, diagnosis & TTT of thyrotoxicosis (78)
3- Management of thyrotoxicosis. (80, 84, 88)
4- Anatomy of thyroid gland & TTT of thyrotoxicosis. (85)
5- Simple goiter. (93)
6- Thyroid inflammatory disease. (94)
7- Describe the clinical picture & TTT of the primary thyrotoxicosis. (98)
8-Describe how you reach diagnosis and TTT. (99)

***B-THYROID CARCINOMA***

1- Medullary carcinoma of thyroid gland. (87)
2- Types & presentation of thyroid malignancy. (91)
3- Differentiated thyroid carcinoma.
4- Papillary thyroid carcinoma. (93)
5- Cysts of the midline of the neck. (96)
6- Swelling in midline of neck. (76, 83)
7- Thyoglossal cyst. (78, 81, 83, 84, 86, 95)
8- Types, clinical picture & TTT of carcinoma of the thyroid gland. (97)
9- Describe the clinical picture & TTT of follicular carcinoma of thyroid. (99)
10- Solitary thyroid nodule. (83)

***C-THYROIDECTOMY***

1- Complications after thyroidectomy

## Vascular & Lymphatic

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***A-PERIPHERAL ISCHEMIA***

1- Aetiology, diagnosis, investigations & management of a case of chronic ischemia of lower limb. (75, 84)
2- Management of acute ischemia of RT. Foot. (89)
3- Acute ischemia, aetiology, clinical picture. (96)
4- Anatomy of femoral artery. (75, 84)
5- Discuss the clinical picture & TTT of aortoiliac chronic occlusive disease (Lieche $) (87)

***B-ANEURYSM***

1- Discuss the clinical picture, investigations & TTT of popliteal aneurysm.(88)
2- Enumerate & describe the types & clinical picture of aneurysms.(90)

***C-CLAUDICATION***

1- Anatomy of LT. subclavian artery, intermittent claudication. (77, 85)

***D-PULMONARY EMBOLISM***

1-Discuss the clinical picture, investigations & TTT of pulmonary embolism(87)

***E-LEG ULCERS***

1- Give the DD & management of chronic ulcers of legs & foot. (82, 86)
2- DD of chronic leg ulcers. (97)

***F-VARICOSE ULCER***

1- Varicose ulcer. (78)
2- Enumerate the manifestation of 1ry varicose veins of lower limbs . Describe different options of TTT. (2000)

***G-DVT***

1- Diagnosis & TTT of DVT. (88, 90)
2- Aetiology, diagnosis & TTT of post- operative DVT of lower limbs.(97)

***H-LYMPHATIC SYSTEM***

1- Cervical TB lymphadenitis.
2- Burkett's lymphoma. (87)
3- Discuss the clinical picture, investigations & TTT of Hodgkin lymphoma. (88)

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## Breast

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***A-BREAST ABSCESS***

1- Breast abscess. (78, 81, and 95)
2- Diagnosis & TTT of acute intra-mammary abscess. (88)
3- Breast abscess. (98)

***B-FIBROADENOMA***

1- Fibroadenoma of the breast. (79, 85)
2- Pathology of benign tumors of the breast. (86)
3- Describe the pathology, clinical picture, investigation & TTT of fibroadenosis.
4- Describe aetiology, clinical picture & pathology of fibroadenosis.(2000)

***C-BREAST CANCER***

1- Describe the naked eye appearance of a section, microscopic picture & methods of spread of Scirrhous carcinoma of the breast. (79, 85)
2- Pathology & diagnosis of cancer breast? (82)
3- Discuss Mic. & Mac. Picture & methods of spread of cancer breast. (84, 94)
4- TTT of operable cancer breast. (88)
5- Describe the pathology of cancer breast. (88)
6- Clinical stages in DD of cancer of the breast. (92)

***D-BREAST MASS FOR D.D.***

1- DD of chronic solid mass of an adult female breast. (85)
2- DD of solid lump of the breast. (91)
3- Diagnosis & DD of breast lump. (92, 96)

***E-BREAST CYSTIC SWELLING***

1- Chronic cystic swelling of the breast. (83)
2- Discuss the pathology of cystic swellings of the breast.(82)
3- DD of cysts of the breast. (94, 95)
4- DD of the breast swellings. (96)

***F-BLEEDING PER NIPPLE***

1- Management of bleeding nipple. (84)
2- Bleeding from the nipple. (77)

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**A-SURGICAL INFECTION**

1- Carbuncle of the face.
2- Pulp space infection. (79, 80.85, 86, 92, 94, 95)
3- Tenosynovitis of little finger of the hand. (93)
4- Erysipelas. (93)
5- General Principals of ttt of hand infection. (94)
6- Describe the difference, clinical picture and management of boil, abscess, carbuncle, cellulitis and erysipelas.

**B-BASAL CELL CARCINOMA**

1- Rodent ulcer. (76, 88, 91)
2- Discuss rodent ulcer of face.
3- Malignant tumors of skin. (90)
4- Basal cell carcinoma. (94)

**C-BLOOD TRANSFUSION**

1- Indication, techniques, complication of blood transfusion. (81, 87)
2- *Complications of blood transfusion.*

**D-SHOCK**

1- Discuss the monitoring & ttt of oligemic shock. (87)
2- Septic shock. (95)
3- Investigation of shocked patient. (96)

**E-BURNS**

1- Discuss general &local ttt of burns. (80, 84, 85, 88)
2- Pathology & management of burns. (86, 90)
3- Discuss management of burn involving the whole 2 lower limbs. (83)
4- Skin grafts. (96)
5- Management of an adult weighting 70 kg with 40% burn.

☺ فاصل و نواصل:

**ماذا تريد؟!!**

- **تريد ان ترجع من ذنوبك كيوم ولدتك امك ؟...**

قال رسول الله صلى الله عليه وسلم ( من اتى هذا البيت فلم يرفث ولم يفسق رجع كما ولدته امه)

- **تريد ان تغفر لك كل الذنوب السالفه؟.....**

قال رسول الله صلى الله عليه وسلم ( من توضا نحو وضوئى هذا ثم صلى ركعتين لا يحدث فيهما نفسه غفر له ما تقدم من ذنبه )

- **تريد ان تنال محبه الله ؟.....**

قال رسول الله صلى الله عليه وسلم ( من احب الانصار احبه الله )

- **تريد عشر حسنات ؟.....**

قال رسول الله صلى الله عليه وسلم ( من قرأ حرف من كتاب الله فله بكل حرف عشر حسنات )

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# GIT

## *A-DYSPHAGIA*

1- Actiology, clinical picture, diagnosis, investigation & management of dysphagia. (75, 76, 85)
2- Causes, diagnosis &investigation of acute dysphagia. (75,85)

## *B-OESOPHAGEAL VARICES*

1- Outline 5 of ttt of actively bleeding esophageal varices.
2- Emergency ttt of bleeding esophageal varices. (84)
3- Management of haematemesis due to Oesophageal Varices. (96, 98)
4- Discuss aetiology and DD of haematemesis. (97)

## *C-PEPTIC ULCER*

1- Clinical picture of acute perforation of peptic ulcer. (87)
2- Discuss the types, clinical, diagnosis & ttt of perforated peptic ulcer. (80, 84, 89)

## *D-DUODENAL ULCER*

1- Discuss clinical picture, investigation, & ttt of chronic duodenal ulcer. (87)
2- Describe in short the complication of duodenal ulcer and their management.

## *E-PYLORIC OBSTRUCTION*

1- Diagnosis & ttt of congenital hypertrophic pyloric stenosis. (85, 94)
2- Differential diagnosis & effects of pyloric obstruction. (91)
3- Child one month of age was suffering from projectile vomiting .Describe diagnosis and ttt. (98)

## *F-INTUSSUSCEPTION*

1- Discuss acute intussusception of infants. (97)
2- Describe the clinical picture and management of idiopathic infantile intussusception. (99)

## *G-ABDOMINAL COLIC & CONSTIPATION*

1- Mega colon. (94)
2- Paralytic ileus. (92, 93)

## *H-APPENDIX*

1- Describe the anatomy of vermiform appendix; give the pathology, clinical picture, ttt of acute appendicitis. (78)
2- Discuss briefly the ttt of acute appendicitis. (80)

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3- Give the pathology, clinical picture &ttt of acute appendicitis.(83)
4- Clinical picture, complication & ttt of acute appendicitis. (85, 86, 88)
5- Diagnosis &ttt of Appendicular abscess. (89, 95)
6- Appendicular mass. (92)
7- Appendicular abscess.
8- Give the c/p of the different types acute appendicitis and ttt. (99)

***I-ANAL CANAL***

1- Types of anal fissure. (76)
2- Chronic anal fissure. (79, 83)
3- Discuss the anatomy of rectum & anal canal. (80)
4- Give the anatomy of anal canal; give the pathology & clinical picture & ttt of Piles. (82)
5- Clinical picture & ttt of anal fissure. (84)
6- A male patient aged 30 years has anal pain. Enumerate the causes and how to reach the diagnosis. (98)
7- Pilonidal sinus. (95)
8- Imperforate anus. (95, 98)

***J-GIT CANCER***

1- Give the anatomy, arterial supply &lymphatic drainage of the stomach. Describe the pathology clinical picture, diagnosis, of stomach of an early carcinoma. (83, 94)
2- Clinical picture, diagnosis, differential diagnosis & investigation of swellings of the right iliac fossa. (77)
3- Clinical picture, DD& investigation of swellings of the right iliac fossa.
4- Clinical picture of cancer caceum. (no DD is required)
5- Clinical picture of cancer caceum. (85)
6- Pathology of cancer colon. (85)
7- Lymphatic spread of cancer colon. (87)
8- Diagnosis & management of carcinoma of the rectum. (97)
9- Describe the clinical picture, diagnosis & TTT of cancer of recto-sigmoid junction.
10- Familial Polyposis.

***K-GALL BLADDER***

1- Etiology, clinical picture, diagnosis of gall stones. (76)
2- Post operative complication of cholecystectomy. (75)
3- Complications & TTT of gallstones. (78, 86, 94)
4- Describe the anatomy of gall bladder. (88)
5- TTT of acute cholecystitis. (82, 84)
6- Gall stones. (98)

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## L-OBSTRUCTIVE JAUNDICE

1- Aetiology,clinical picture,diagnosis,DD,investigation & TTT of obstructive jaundice.
2- Discuss the aetiology, diagnosis & management of obstructive jaundiced (79, 81)
3- DD & effect of stone in the CBD. (91)
4- Calcular O.J. (93)
5- Malignant O.J. (93)
6- Stone of CBD. (94)
7- DD of O.J. (96)
8- Management of stone in the CBD. (97)
9- Give the anatomy of the extrahepatic biliary system. (79)

## M-SPLEEN

1- Enumerate causes of enlargement of spleen. (80)
2- Hypersplenism. (93, 94)
3- Management of traumatic rupture spleen. (96)
4- Management of traumatic rupture of the spleen. (96)
5- Subphrenic abscess. (93)

## F-GANGRENE

1-Dry gangrene (90)
2- Gas gangrene. (83, 84, 88, 90, 93)
3- Chronic ulcers of leg & foot. (82, 86)

## G-SWEELLING

1- Lipoma. (79)
2- Dermoid cyst. (79, 82, 92, 93)
3- Pathology & diagnosis of malignant melanoma. (81)
4- Cavernous hemangioma. (87)
5- Junctional mole. (87)
6- Swellings of the jaw. (92)
7- DD of swelling of the jaw. (92)
8- Ganglion. (94)
9- Types of dermoids.

## H-TETANUS

1- Discuss the aetiology, pathology, clinical picture, diagnosis & ttt of tetanus.
2- Diagnosis & ttt of tetanus. (81, 85, 88, 91)
3- Clubbing of fingers. (77)
4- Bronchial fistula. (95)
5- Enumerate 10 causes of coma. (99)

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# Thorax

## *A-PNEUMOTHORAX*

1- The effects & management of open pneumothorax. (79, 81)
2- Discuss traumatic pneumothorax. (83, 88)
3- Pneumothorax. (96)
4- Give an account on different types of pneumothorax and their TTT.

## *B-EMPYEMA*

1- TTT of acute empyema. (76, 77, 80)
2- Causes of chronic empyema. (83, 88)
3- Aetiology & TTT of acute empyema. (83, 84)
4- Give a short account on empyema thoracies. (86)
5- Causes of hemothorax. (78)

## *C-POST ANESTHETIC COMPLICATION*

1- Postanesthetic pulmonary complications. (76)
2- Complications of spinal anesthesia. (83, 88)
3- Discuss the clinical picture, investigations & TTT of lung abscess. (87)
4- Management of closed chest injuries. (89)
5- Flail chest. (93)
6- Discuss management of cardiac arrest. (88, 92)

# Orthopedics

## *A-BONE TUMOURS*

1- Osteoclastoma (giant cell tumour of bones). (78, 81)
2- Osteoma. (79, 82, 85)
3- Osteogenic sarcoma. (80, 83)
4- Discuss clinical picture, investigations & TTT of osteoclastoma. (88)

## *B-FRACTURES*

1- Discuss the management of fracture of the neck of femur.(79)
2- Describe the type & diagnosis of fracture neck of femur. (80, 84)
3- Give the aetiology, clinical picture, complications & management of Colle's fracture. (76, 78, 84, 94)
4- Discuss the clinical picture & management of compound fracture of middle third of femur. (82)
5- Discuss the aetiology, clinical picture & TTT of fracture neck of femur.(84)

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6- Discuss the clinical picture & management of fracture shaft of femur in a child. (99)
7- Colle's fracture. (98)
8- Discuss fracture of patella. (87)
9- Discuss management of compound fracture of the tibia.(97)
10- Management of the compound fracture of both bones of the leg. (89)
11- Pott's fracture. (96)
12- Fracture clavicle. (75, 94)
13- Fracture ribs. (91, 94, 95)
14- Aetiology, clinical picture, complications & TTT of supracondylar fracture of the humerus. (77, 80, 83, 85, 86, 90, 93)
15- A child aged 10 years fell over the outstretched right hand developed transverse fracture of the lower end of humerus.
-Describe the diagnosis, TTT & instructions after TTT.
-The child developed severe pain in the right finger after two hours, Describe the cause & outline the steps of TTT. (98)
16- Dislocation elbow. (95)
17- Describe the complications of fractures & their TTT. (2000)

***C-POTT'S DISEASE***

1- Discuss clinical picture, investigation & TTT of Pott's disease of the dorso-lumbar spine. (87, 88, 92, 96)
2- Brodie's abscess. (75)
3- Discuss clinical picture, investigations & TTT of prolapsed lumbar disc. (87)
4- Volkmans ischemic contracture. (79, 82, 85)
5- Give the actiology,pathology,diagnosis,TTT of acute osteomyelitis. (83)

# Neurosurgery

***A-RADIAL NERVE***

1- Anatomy of radial nerve. (76)
2- Causes, clinical picture & TTT of radial nerve injury. (89)

***B-ULNAR NERVE***

1- Signs of ulnar nerve injury at the elbow. (78, 80, 94)
2- Give the clinical picture & TTT of ulnar nerve injury at the elbow. (81, 84, and 85)
3- Describe the clinical picture of cutting the ulnar nerve at wrist (99, 2000)

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***C-MEDIAN NERVE***

1- Describe the clinical picture & TTT of an open injury of median nerve in upper arm. (83)
2- Discuss the clinical picture & TTT of median nerve injury in the wrist. (88)
3- Median nerve injury. (92, 94)

***D-SKULL INJURY***

1- TTT of compound depressed fracture of the vault of the skull. (88)
2- Management of depressed of fracture of the vault of the skull. (77, 85)
3- Management of closed head injuries. (86)
4- Management of depressed fracture of the skull. (77, 84, 85)
5- Describe the diagnosis & TTT of a comatosed patient after head injury. (95)
6- Depressed fracture.

***E-EXTRA-DURAL HEMORRHAGE***

1- Clinical picture & diagnosis of extradural hemorrhage. (95)
2- Aetiology, clinical picture, diagnosis & management of extradural hemorrhage. (95)
3- Give the aetiology, clinical picture, & TTT of middle meningeal hemorrhage. (84)
4- Discuss the clinical picture, investigations& TTT of extradural hemorrhage. (87, 90, 91)
5- Management of extradural hemorrhage. (97)
6- Describe the clinical picture & TTT of extradural hemorrhage. (99)

## Urosurgery

***A-URINE RETENTION***

1- Aetiology, clinical picture, diagnosis & management of acute retention of urine. (85)
2- TTT of acute retention of urine in male. (80)
3- Give aetiology, types, clinical picture, complications & management of renal stones. (82)
4- What are the causes of acute retention of urine & discuss its management.

***B-HAEMATURIA***

1- Causes of haematuria. (77)
2- Discuss aetiology, diagnosis & TTT of haematuria. (80, 94, 95)
3- Management of a male patient aged 40 years with recurrent painless haematuria. (98)

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***C-RENAL SWELLING***

1- Give the DD & TTT of kidney swellings. (79)
2- DD & management of renal swellings. (85, 86, 88)
3- Discuss the clinical picture, investigations & TTT of Hypernephroma. (85, 88, 91, and 95)
4- Wilm's tumour. (83)
5- Presentation & TTT of Hypernephroma. (97)

***D-RENAL INJURY***

1- Give aetiology, clinical picture & management of renal injuries. (81)
2- Aetiology & management of renal injuries. (84)
3- Give the anatomy of RT. Kidney. (81, 84)

***E-HYDRONEPHROSIS***

1- Aetiology, clinical picture, diagnosis & TTT of unilateral hydronephrosis.
2- Enumerate causes of unilateral hydronephrosis, clinical picture, types & TTT.
3- Give the aetiology, clinical picture & TTT of unilateral hydronephrosis. (2000 )

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☺ فاصل ونواصل:

**التكبر والثقة بالنفس.. لا يمكن أن يلتقيا**

"الثقة بالنفس ليست شعورا بالتفوق، بل بالتحرُّر"
إن التكبُّر والثقة بالنفس لا يمكن أن يلتقيا عند الشَّخص نفسه. فالتكبُّر مبنيّ على قوالب فكريَّة غير موضوعيَّة تقول بأن الآخرين "غير كاملين"، وبالتالي، "أنا أفضل منهم". فالمتكبِّر يبالغ بتضخيم نواقص الآخرين ويبالغ في الوقت عينه، في التقليل من نواقصه هو، وذلك بسبب فقدانه للأمان الداخليّ، ولثقته بنفسه.
إن عدم توفُّر الثقة بالنفس يؤدّي الى الشُّعور السلبي بعدم المساواة مع الآخرين ويتحوّل إلى عقدتين مرضيّتين وهما:
عقدة التكبُّر:
"الآخرون غير كاملين، يعني أنا أفضل منهم".
فكما يقول جيكارينتسيف "إنّ أبسط طريقة لإثبات الشّعور بالضعف هي كشف الكبرياء عندنا، لأنّ الكبرياء والتكبُّر يخدمان غرض إخفاء الشُّعور بالضعف".
عقدة الدونيَّة:
"أنا غير كامل" يعني "أنا أقلُّ منهم" (من الآخرين)
لنتذكَّرمعاً قول إليانور روزفلت: "لا أحد يمكنه جعلك تشعر بالدونيَّة من دون سماحك له بذلك"
يقسِّم لازاريف مسبِّبات عقدة التكبُّر إلى مستويين اثنين وهما المستوى السطحيّ والمستوى العميق.
١ المستوى السطحيّ للتكبُّر: هو رضوخنا للمستوى الأوَّل من القيم الرُّوحانيَّة (مثل القدرات، الذكاء، النَّجاح، والتوفيق، أي السَّعي إلي الكمال البشري على حساب الحبّ الإلهيّ) واعتماد هذه القيم البشريَّه كموجِّه أساسي لنا في الحياة.
٢ المستوى العميق للتكبُّر: هو عندما يوجد لدينا تعلُّق أو تشبُّث كبير بالمبادئ والمُثُل (البشريَّة) والمخطَّطات المستقبليَّة والآمال. فكلَّما كان معنى وحجم القيم البشريَّة التي تسيطر علينا أكبر، ازدادت قدراتنا على ارتكاب الجرائم بحقّ الحُبّ.
ويقول لازاريف في معرض هذا الحديث "إذا كنت ترغب في أن تحصل على نتائج وإنجازات أكثر من الآخرين، فهذا أمر عاديّ، لكن إذا كنت تسعى للحصول على شيء بهدف الحطّ من شخص ما، أو إهانته، أو الانتقام منه، أو لتضع نفسك في مكانة أعلى من شخص ما، أي إنّك منذ البداية تخفي خلف رغبتك وسعيك عدوانيَّة بحقّ الحُب والآخرين، فهذا هو التعلُّق بالأحلام والمشاريع والمستقبل. وفي هذه الحالة، يُغلق المستقبل ولا يُسمح لك بالحصول على ما أردت، أو تحصل عليه على حساب عافيتك وحياتك".
(المصدر: كتاب كيف ننتصر في معركة الحياة.)

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# Final Exams

## MAY 96

**Write a short account on 10 of the following:**

1- Gall stones.
2- Imperforate anus.
3- Carbuncle.
4- Depressed fracture.
5- Colle's fracture.
6- Appendicular abscess.
7- Septic shock.
8- Breast abscess.
9- Bronchial fistula.
10- Ulcers of the tongue.
11- Empyema of thorax.

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## DECEMBER 96

**Write a short account on 10 of the following:**

1- DD of the breast swelling.
2- Gas gangrene.
3- Management of haematemesis due to oesophageal varices
4- Skin grafts.
5- Management of traumatic rupture of the spleen.
6- How to investigate a shocked patient.
7- Pott's fracture.
8- Etiology, symptoms & signs of acute ischemia of the lower limb.
9- Mal-descended testis.
10- Pneumothorax.
11- DD of obstructive jaundice.
12- DD of the cyst of mid line of the neck

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## November 97

**Write a short account on 10 of the following:**

1- Discuss etiology and DD of haematemesis.
2- Discuss management of compound fracture of the tibia.
3- Management of extradural hemorrhage.
4- Management of stone in the CBD.
5- Presentation and ttt of Hypernephroma.
6- Etiology, diagnosis & ttt of post-operative DVT of lower limb.
7- Types, clinical picture & ttt of carcinoma of the thyroid gland.
8- Complications of blood transfusion.
9- Discuss acute intussusceptions of infants.
10- Diagnosis and management of carcinoma of the rectum.
11- DD of chronic leg ulcers.
12- Diagnosis and ttt of acute suppurative appendicitis.

## December 98

**Answer 10 of the following 12 question:**

1- A male patient 40 years old had a right oblique inguinal hernia repair developed a post operation fever of 37.9 c. Enumerate the causes and how to differentiate between them.
2- A male patient aged 30 years has anal pain .Enumerate the causes and how to reach the diagnosis.
3- A child aged 10 years fell over the outstretched right hand developed transverse fracture of the lower end of the humerus.
   -Describe the diagnosis, TTT & instructions to the right fingers after 2 hours.
   -After TTT the child developed severe pain in the right finger after 2 hours. Describe the cause and outline the steps of TTT.
4- A female patient aged 20 years was complaining of pain in the both breasts in the premenstrual period then she discovered a swelling in the right breast. Discuss the diagnosis, investigation & TTT of the swelling.
5- Management of an adult weighting 70 kg with 40% burn.
6- Management of a male patient aged 40 years with recurrent painless haematuria.
7- Describe the diagnosis and TTT of a comatosed patient after head injury.
8- Management of haematemesis due to oesophageal varices.
9- Describe the clinical picture and TTT of cancer of recto –sigmoid junction.
10- Describe the clinical picture and TTT of the 1ry thyrotoxicosis.

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11- Child one month of age was suffering from projectile vomiting. Describe diagnosis & TTT.
12- Female patient married and 20 years old developed pain in the right lower quadrant of abdomen. Discuss the causes, diagnosis & TTT.

## 2000

**All questions are to be answered:**

1- Enumerate the manifestations of primary varicose veins of lower limbs. Describe different options of TTT.
2- A male patient aged 50 years developed sudden severe epigastric pain after a heavy meal. He gave a history of dyspepsia especially during winter for the last 5 years. On examination there is a broad rigidity of the epigastrium. Describe the diagnosis & give the clinical picture, investigations & management.
3- A male patient aged 60 years was complaining of recurrent attacks of abdominal colic, distension & progressive constipation.
-How you proceed in investigation this patient and how you treat him?
4- Give the etiology, clinical picture & TTT of unilateral hydronephrosis.
5- A male patient aged 35 years was suffering from a reducible swelling in the right groin .Suddenly the swelling became irreducible and painful.
-What is the diagnosis & how you manage him?
6- Describe etiology, clinical picture & pathology of fibroadenosis.
7- A female patient aged 30 years, had an operation of partial thyroidectomy. On the 2nd postoperative day she developed carpopedal spasms. Explain the etiology, how you prove the diagnosis and how you treat this complication?
8- Give the indication of blood transfusion and its complications.
9- Describe the complications of fractures and their TTT.
10- Describe clinical picture of cutting the ulnar nerve at the wrist.

## November 2001

**All questions are to be answered.**

1- An active male patient aged 56 years complained of gradual onset of painful black discoloration of the left big toe. He is diabetic and suffers from hypertension.
-Describe how you verify the diagnosis and treat him.
2- Describe the causes, clinical picture & TTT of intussusception.

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3- A female patient aged 35 years was complaining of clear discharge from the left nipple .On examination there was swelling of the left breast which is not felt by flat of the hand.
-Describe how do you proceed in management of this patient?
4- Discuss the management of supracondylar fracture of the humerus in children and enumerate its complications.
5- A male patient aged 50 years was admitted to the hospital with dramatic onset of sudden severe pain in the epigastrium following a heavy meal. He gave a past history of pain after meals by an hour in autumn during the last 2 years.
-Describe hoe you reach the diagnosis & TTT.
6- Describe the etiology, clinical picture & TTT of anal fissure.
7- A young male patient aged 25 years received trauma to his head he suffered immediate loss of consciousness for few minutes and then recovered completely. He went home where he started gradual stupor and twitches of the RT. Upper limb. Could you describe the management?
8- Describe the different methods of TTT of 1ry thyrotoxicosis.
9- A male patient aged 60 years suffered from severe pain inability to micturate with intense desire in a cold night. He was admitted to the hospital in an emergency. He gave a history of frequency D/N of 4/6 with a weak stream
-Describe how you manage him?
10- Describe etiology, clinical picture & TTT of Hypovolaemia shock.

## December 2002

**Write short account on 10 only of the following:**

1- Management of solitary thyroid nodule.
2- DD of bleeding per nipple.
3- Clinical features of Hypovolaemia shock.
4- Diagnosis & TTT of Colle's fracture.
5- Complication of gall bladder stones.
6- DD of anal pain.
7- Diagnosis & TTT of Hypernephroma.
8- Clinical picture of arterial embolism.
9- Diagnosis & TTT of cancer head of pancreas.
10- Diagnosis & TTT of extradural hemorrhage.
11- Types & TTT of pneumothorax.
12- Methods of covering skin defect.

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## September 2003

**Write short account on the following:**

1) discuss complication of acute appendicitis and their management.
2)ttt of bleeding esophygeal varices
3)Hirschprung's disease.
4)D.D of mass in the left hypochondrium.
5)complication of supracondylar fracture humerusin children
6)acute retention of urine.
7) cardiac arrest
8)D.D of mass in middle line of neck
9)CP of ulnar nerve injury at wrist
10)diagnosis and ttt of DVT of lower limbs.

## December 2004

**Write a short account on 10 questions only :**

1. Lipoma, diagnosis & treatment.
2. Fracture rib, clinical presentation, diagnosis & treatment.
3. Complications of supracondylar fracture.
4. Management of ileocaecal intussusception.
5. Complications of gall stones.
6. Cancer tongue, diagnosis, treatment & prognosis.
7. Testicular torsion, aetiology, diagnosis & treatment.
8. Management of acute breast abscess.
9. Rupture kidney, clinical presentation, treatment & follow up management.
10. gastro-oesophageal reflux disease ( GORD ) , clinical presentation & management.
11. Differential diagnosis of swelling in the midline of the neck.
12. Differential diagnosis of mass in the right iliac fossa.

## MAY 2005

**Write short account on 10 only of the following:**

1) Manegment of thyroid neoplasm
2) Sebaceous cyst " pathology and manegment "
3) Complication of oblique inguainal hernia
4) D.D of berast masses
5) Mickle's diverticulum" pathology and manegment "

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6) Appendicular abcess " pathology and CP "
7) MANEGMENT OF sigmoid colon volvolus
8) D.D of obstructive jaundice
9) Management of acute retension of urine
10) D.D of heamturia
11) )Cole's fracture
12) 12)manegment of extra dural heamtoma

## December 2005

**Write short account on 10 only of the following:**

1) diagnosis and ttt of solitary thyroid nodule .
2) carcinoma of breast , diagnosis and ttt
3) extra dural hematoma, diagnosis and ttt
4) fracture neck femur, diagnosis and ttt
5) burns assessment and ttt
6) diagnosis and ttt of acute pancreatitis
7) diagnosis and ttt of generalized peritonitis.
8) Empyema thoracica diagnosis and ttt
9) Hypernephroma, diagnosis and ttt
10) Diagnosis and ttt of chronic ischemia of the lower limb
11) D.D of scrotal swellings.
12) D.D of swelling in submandibular triangle.

## November 2007

1- A 65-year-old male presented with abdominal pain, vomiting and distension His symptoms had started 5 months earlier when he developed progressive Constipation and he had to take increasing doses of laxative to over come General examination was un markable. The local examination revealed abdominal distension and exaggerated intestinal sounds

a- What is the possible diagnosis?
b- What are the investigations required?
c- What are the surgical options which can b used? (30 marks)

2- A 50-year-old female presented with accidentally discovered mass of upper cutter quadrant at her left breast 2 cm in diameter, this mass was hard with ill defined borders. Ipsilateral lymph nodes were palpable and mobile. No other swellings can be detected by clinical examination

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a- What is the possible diagnosis?
b- What are the investigations required to confirm the diagnosis to help staging and to plan the treatment
c- What are the options to treat this patient? (30 marks)

3- Investigation and treatment of circular obstructive jaundice (30 marks)
4- Complications of supracondylar fracture (30 marks)
5- Diagnosis of extradural hemorrhage (20marks)
6- Differential diagnosis of mass in the lateral side of the neck (20marks)
7- Causes and Investigation of a case of haematuria (20marks)
8- Types and management of haemangioma (20marks)

## June 2008

1- A 25 year-old male presented with colicky abdominal pain started around the umbilicus then shifted to right iliac fossa . pain increased over the next 6 hours& tha patient started to vomit .local examination revealed abdominal distention tenderness and rebound tenderness maximal at right iliac fosse .also a firm tenderness was felt at that site .intestinal sound was sluggish

a- What is the possible diagnosis?
b- What is your differential diagnosis?
c- What are the investigations required?
d- What is your suggested treatment? (25 marks)

2- A 35 year-old female presented with accidently discovered swelling of the front of neck of few months duration. The swelling was slowly increasing in size. She didn't receive any treatment. General examination was unremarkable: B.P 120/80 pulse 80/min.
On local examination there was a solitary swelling moving with deglutition. The swelling was neither tender nor pulsating

a- What is the possible diagnosis?
b- What are the investigations required to reach the diagnosis?
c- What is your suggested treatment? (25 marks)

3- Clinical picture and complications of Colle's fracture (25 marks)
4- Causes and investigation a case of bleeding per rectum (25 marks)
5- Management of melanoma (25 marks)
6- Causes and clinical picture and treatment of radial nerve injury at the arm(25)
7- Management of obstructive causes of retention of urine (25 marks)
8- Management of embolic ischemia of the femoral artery (25 marks)

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## November 2008

1) **discuss:**
a) cystic hygroma
b) branchial fistula

2) **complications of treatment of:**
a) colle's fracture
b) fracture neck of femur

3) **Diagnosis and treatment of:**
a) radial nerve injury at the arm.
b) Neurofibromatosis

4) **Investigations,complications and treatment of acute cholycystitis**
5) **Complications ,investigations, management of acute appendicitis.**
6) **A 24 y old man had a penetrating injury with knife at his right 5 th intercostal space at anterior axillary line,he arrived at the hospiatal with severe dyspnea, on examination his trachea was shifted to the left side, he had limited movement on his right side of chest.on percussion he had hyperresonance at the right side of chest till 6th space and dullness below that level, No respiratory sounds are heard on the right side of the chest & abdomen was free.**
a) what is your diagnosis?
b) What is your urgent investigation you need?
c) What is the treatment and your follow up?

7) **A 65 y male had urinary frequency and dippling urine after a weak stream since 6 M. he had 2 attacks of urinary retention that was relieved by catheterization. He developed localized pain and tenderness on his lumber vertebrae.**
a) What is your diagnosis and D.D?
b) What are investigations and lines of treatment according to your diagnosis?

8) **A 36 y female with A.F and valvular heart disease. After control of A.F with digoxin, she developed severe pain in her Rt lower limb, she described the pain as a shot in the groin. Her right lower limb was pale,cold and no pulsations was felt. This condition started 3 hours ago. Discuss this case as regard the possible diagnosis, investigation and treatment.**

Revision

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# June 2009

1. *A 20 YEAR-OLD MALE WAS INVOLVED IN MOTOR CAR ACCIDENT . HE FELT SEVER PAIN IN HIS LEFT THIGH HEMATOMA ABOVE THE KNEE . HE ALSO FELT COLDNESS IN HIS LEFT LEG AND FOOT WITH BLUISH DISCOLORATION OF THE FOOT .IN THE HOSPITAL HE HAD SEVERE TENDERNESS IN HIS LEFT THIGH ABOVE THE KNEE WITH DEFORMITY & INABIILTY TO MOVE THE KNEE.THE LEFT FOOT WAS COLD & CYANOSED WITH NO PALPABLE PEDAL PULSATAION*
   a. What is possible diagnosis ?
   b. How to investigate this patient ?
   c. Discuss the lines of ttt of this patient ?

   (25 markes )
2. a newly born infant is presented with repeated attacks of non bilious vomiting . on examination there was a palpabale mass in the right hypochondrium
   a. what is your diagnosis and possible differential diagnosis ?
   b. how to investigate this patient ?
   c. what are the possible lines of ttt of this patient ?

   (25 markes )
3. discus causes & investigation of obstructive jaundice (25 markes )
4. discus causes . complication . investigation & ttt of deep venous thrombosis(25 )
5. discus types & management of meningocele (25 markes )
6. discus cause & management of hemothorax (25 markes )
7. discus etiology. Types . clinical picture & ttt of thyroglossal cyst (25 markes )
8. discus causes. clinical picture& investigation of hydronephrosis (25 markes )

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